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ABSTRACT

This study attempted to describe and explain the different approaches taken by policymakers in a diverse group of states, as they seek to implement Part H of the Individuals with Disabilities Education Act, which provides federal mandates and aid to assist states in planning and developing comprehensive multidisciplinary, interagency, coordinated early intervention service systems. Case studies were conducted in six states between December 1988 and December 1990. States (which are identified only by number for purposes of this report) were compared using a conceptual framework of four interrelated components: (1) the level and types of intended systems change desired by Part H policymakers; (2) the strategies selected to achieve system change; (3) the context in which this takes place; and (4) the particular stage or stages of policy implementation. Results are detailed for each of these four research concerns. The study concludes that two major forces exerted the major influence on the shape and timing of policy development: first, the people involved and, second, the sociopolitical environment. Throughout all six states a spirit of cooperation was observed, resulting in the construction of a policy base for a future coordinated, interagency, multidisciplinary service system. (DB)

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Carolina Institute for Child and Family Policy

CASE STUDY REPORT #2

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INTRODUCTION

Prior to the enactment of Part H of P.L. 99-457 (now encompassed in the Individuals With Disabilities Education Act), the fragmented and inaccessible nature of service delivery for young children with special needs and their families had been well documented (Brewer & Kakalik, 1979; Gans & Horton, 1975; Senate Report 99-315, 1986). In addition, many families complained that while their child remained on a waiting list for services, the child's condition sometimes worsened and the family's need grew. On the other hand, some of the families who were able to receive services expressed dissatisfaction with the nature of some of those services.

In order to increase services and remedy the inaccessible and fragmented nature of the service system, Congress enacted Part H of P.L. 99-457 (now known as Part H of IDEA). The passage of this legislation represents one of the more imaginative and challenging pieces of legislation enacted by Congress in the past several decades. The federal government agrees to provide modest financial resources to aid states in planning and developing a comprehensive, multidisciplinary, interagency, coordinated early intervention service system. In exchange, it also presents some clear mandates for reforms and changes in the early intervention service delivery system (Harbin & McNulty, 1990). Instead of merely providing more resources for service providers to continue to provide services as they had been, this law requires several meaningful and monumental changes in how services are to be organized, financed, and delivered (Gallagher, et al., 1988).

Prior to the passage of Part H of P.L. 99-457 in 1986, the states varied considerably with regard to service provision and existing policies for infants and toddlers with developmental delays and their families (Meisels, Harbin, Modiglioni

& Olson, 1988). In a survey of state policymakers, respondents reported an average of three to four agencies, each with a primary responsibility for providing and administering services to young children with disabilities. However, in one state, there were as many as 11 state agencies providing and administering services (Meisels, Harbin, Modiglioni & Olson, 1988). The funding patterns were nearly as diverse as the administrative structures designed to manage those services (Meisels, Harbin, Modigliani & Olson, 1988). The types of services provided and level of sophistication and development of the early intervention service system also differed considerably across states, compounding the diversity of approaches.

While all 50 states and the District of Columbia have participated in Part H of IDEA since its inception, states began this endeavor to develop a coordinated early intervention service system with appropriate policies at varying levels of service system development (Harbin, 1988; Meisels, Harbin, Modiglioni & Olson, 1988). Part H of IDEA has set forth 14 required components that must be included in each state's early intervention system of services. States, however, seemed to be at different levels of development with regard to each of these fourteen components. For example, one state may have a fully developed and adopted policy with regard to Child Find. However, that same state may not have begun the development of policies concerning the coordination of finances. Given the diversity among states in both the nature and amount of service provision, it seems evident that some states perhaps would need to make more changes in their service system than would other states.

BACKGROUND

Analysis of the requirements of Part H of IDEA indicates that Congress appeared to want changes in six major areas of the service system. First, Congress wanted states to change from serving some of the eligible children to serving **all eligible children** (P.L. 102 - 119, Subchapter VIII, Sec. 1472(1)(A)(B)). Second, Congress wanted changes in the **structure** of the service system, calling for a coordinated, interagency approach to service delivery, (P.L. 102 - 119, Subchapter VIII, Sec. 1476 (a)(b)), instead of the usual approach where a collection of single, autonomous agencies provided services independently of one another.

Third, Congress wanted changes in the **nature of the services** themselves. For example, Congress intended for states to change from a child-focused approach of service delivery to a family-focused approach in the design and delivery of services (P.L. 102 - 119, Subchapter VIII, Sec. 1477). Indeed, the term "family" appears 17 times throughout the legislation. The legislation also calls for an array of early intervention services (P. L. 102 - 119, Subchapter VIII, Sec. 1472 (2)(D)(E)), enabling eligible children to the receipt of necessary services, even if it is a single service (e.g., physical therapy). This requires states to shift away from the traditional approach of developing "self-contained" programs to the development of an array of services which may be provided in a variety of settings, including those settings in which children without disabilities receive services (e.g., child care centers) (P. L. 102 - 119, Subchapter VIII, Sec. 1472 (2)(G)). The legislation requires states to change to a <u>multidisciplinary</u> approach in service delivery, and includes disciplines not formerly required in other multidisciplinary special education legislation (P. L. 102 - 119, Subchapter VIII, Sec. 1472 (2)(F)). The requirement to include nutritionists, social workers, and pediatricians certainly goes beyond the typical array of services and service

providers utilized by most states prior to the passage of Part H of P.L. 99-457 (now IDEA). Recently, Gallagher and Fullagar (1992) explored the issues of service coordination among health providers, and presented suggestions for making such coordination more effective.

Fourth, it appears that Congress intended a change in the manner in which services were **funded** (P. L. 102 - 119, Subchapter VIII, Sec. 1476 (b)(9)(B)(C)(D)(F)(10)). The legislation requires state policymakers to shift their approach from primarily a single funding source (e.g., education dollars or developmental disabilities dollars), to the utilization and coordination of all existing sources of funds. (P. L. 102 - 119, Subchapter VIII, Sec. 1475 (b)(1)(A), Sec. 1476, Sec 1478 (a)(8)) (For a review of the ways in which some states have attempted to address the coordination of funding sources see Clifford, Bernier, & Harbin, 1993). Fifth, Congress required participating states to develop and enact a set of **policies** including interagency agreements that would support and establish this new approach (i.e., comprehensive, coordinated, multidisciplinary, interagency) to service provision. The final area in which Congress appears to desire change is the area of **personnel** (P. L 102 - 119, Subchapter VIII, Sec 1472 (2)(F), Sec. 1476 (b)(8)(13)). Congress wanted infants and toddlers to receive services from qualified professionals from diverse disciplines, instead of from unqualified persons or professionals from limited types of disciplines. In addition, the law sought to change the current "autonomous" training of professionals to a multidisciplinary training approach. Table 1 presents the six major areas of system change evident in Part H of IDEA.

Congress included several **mechanisms** within the legislation which apparently were designed to help bring about the revolutionary changes required by the legislation. First, Congress sought to involve the highest ranking elected official within each state, by requiring the Governor to appoint the lead

Table 1

Eligible Population

- Serve all developmentally delayed

Structure of the System

- Interagency funding and services

Nature of Service System

- Comprehensive Array of E.I. Services Instead of Programs
- Family-Focused Instead of Child-Focused
- Public Awareness -- Comprehensive and Coordinated
- Multidisciplinary Assessment
- Central Directory of Services instead of Multiple Directories
- Service Coordination -- Single Case Manager
- Procedural Safeguards
- Collection of Adequate Data

Funding

- Use of Multiple Funding Sources

Policies

- Interagency
- Comprehensive
- Coordinated

Personnel

- Qualified and Trained in Multidisciplinary Manner

agency, as well as members of the state Interagency Coordinating Council (P. L. 102 - 119, Subchapter VIII, Sec. 1482 (a)(2)(3)). In addition, as a vehicle to ensure accountability, the state agency selected as the lead agency for this multiagency service system was given responsibility for administration, supervision, and monitoring of the service system (Silverstein, personal communication, 1991).

The legislation creates a State Interagency Coordinating Council (ICC) with prescribed areas of representation (e.g., parents, agencies, service providers, higher education, etc.) (P.L. 102 - 119, Subchapter VIII, Sec 1482). The creation of the ICC, with its diverse representation, seems to be seen as a mechanism to bring various constituencies, both inside and outside of the system, together in order to plan and influence change. Lastly, it appears that Congress included both the case manager (referred to in the recent amendments to Part H of IDEA as the service coordinator), (P. L. 102 - 119, Subchapter VIII, Sec. 1477 (d)(7), Sec. 1472 (2)(E)(Vii)) ,and the Individual Family Service Plan (P. L. 102 - 119, Subchapter VIII, Sec. 1477) as mechanisms to facilitate the development of a family-focused approach to intervention, as well as facilitating the coordination of services at the individual child and family level.

While Congress, through legislation, provided a general standard for the development of a service system, these requirements are likely to affect individual states differently. Prior to the passage of P.L. 99-457 (now known as IDEA), states differed tremendously in the percentages of children served (U.S.D.O.E., 1986), as well as in the types of, and approach to, early intervention services (Meisels, Harbin, Modigliani, & Olson, 1988). A study by Meisels et al. (1988) indicated that prior to the passage of Part H of P.L. 99-457, there was also a wide variance among states in the existence of policies to support early intervention for infants and toddlers with developmental delays.

In order to fully implement Part H of IDEA, states must actively change their early intervention service delivery systems. There are two bodies of literature that are helpful in understanding the nature and complexity of the monumental challenge state and local policymakers face. One is the literature relating to "policy implementation," another pertains to "systems change."

The Study of Policy Implementation

As many social policymakers and advocates have discovered, the passage of a law is one matter and full implementation of the law is quite another. Policy development and implementation at the state level is a complex (Marshall, Mitchell, & Wirt, 1986), multidimensional (Gallagher, 1981; Hargrove, 1975), socio-political process (Campbell & Mazzoni, 1976; Meisels, 1985), which is always evolving. The literature demonstrates that state contextual factors such as politics, bureaucracy, economics, social and human factors are among the variables that may influence successful policy implementation.

Various studies have revealed the key role played by state legislators (Mitchell, 1981a, 1981b; Marshall et al., 1986) and by governors (Campbell & Mazzoni, 1976; Wirt & Kirst, 1982), but there is also evidence of the influence of lobbyists, advocacy groups, and professional associations (Aufderheide, 1976). Other important factors include the presence of political support (Van Horn & Van Meter, 1977), agency support (Bullock, 1980; Rosenbaum, 1980; Williams, 1980), and the political power of key actors (Nakamura & Pinderhughes, 1980). Closely related to the political climate are the nature of the economic conditions and resources of the state (Edwards, 1980; Van Horn & Van Meter, 1977).

Several investigators have addressed the importance of organizational characteristics such as: the nature and characteristics of the agencies and bureaucracies (Edwards, 1980; Van Horn & Van Meter, 1977); administrative

style, traditions and organizational culture (McLaughlin, 1982; Murphy, 1973). Variations in state budget processes, agency organization, and interagency relationships also were found to account for differences in decision making (Greenberg, 1981). The specificity of policies (Bullock, 1980; Sabatier & Mazmanian, 1979), as well as the policy standards which guide and govern these agencies and organizations, also play an important role in policy implementation (Van Horn & Van Meter, 1977).

Implementation analysis also has examined the influence of policies that require the participation of more than one level or branch of government (Goggin, 1987; Pressman & Wildavsky, 1984; Van Horn & Van Meter, 1977). Other investigators have sought to describe and explain the various stages that policy development, enactment and implementation entail (Campbell & Mazzoni, 1976; Meisels, 1985; Wirt & Kirst, 1975). In short, there is much evidence to support the influence of many and diverse factors in the process of transforming a law into action.

A previous study, conducted by Harbin, Gallagher, Lillie, and Eckland (1991), examined the factors that were influencing states' progress in implementing Part H of the IDEA. Comparisons were calculated between factors believed to be influential in facilitating state progress and ratings of actual state progress. One factor that appeared significantly related to progress in policy development was the presence, in the states, of an administrative structure and process that facilitated a system of interagency planning and policy development. A state's experience with interagency coordination seemed more important, even, than the wealth or resources of the state. The analyses also indicated that substantial variance in state progress was explained by the characteristics of political climate, resources, policies, and system operating together.

Eventually the actual implementation of policy rests in the hands of those who use it. Michael Lipsky (1980) has argued that "street level bureaucrats" (those who interact directly with the public to whom a program or service is targeted) shape the implementation process just as significantly as those who developed the policies. These individuals participate in a chain of communication that reinterprets, translates, and transmits policies from the state level downward, ultimately reshaping a program into the form it will take at the local level (Dokecki and Heflinger, 1989; Elmore, 1978). Thus, to understand the policy implementation process, one must go beyond what is written on paper. It is wise and prudent to expect that any legislation requiring that professionals change their established practices and share authority with others (e.g., other professionals, parents) is likely to raise some major barriers along the path of implementation. (Gallagher, Harbin, Clifford, Thomas, & Wenger, 1988).

The Concept of Systems Change and Early Intervention

The concept of systems change has been part of the social science literature for decades. Its relationship to early intervention was first suggested by Gallagher (1972) in a chapter entitled the "Psychology of Planned Changed." He clearly recognized that the creation and the establishment of these early intervention programs represented "a substantial institutional change in our society..." (p. 182). Gallagher (1972) listed three phases of institutional change that programs for young children with disabilities must go through: (1) relevant public demand for action; (2) governmental action; and (3) local implementation. Since those early years, programs for young children with disabilities have actually evolved through these stages several times. Each cycle of change brought with it more programs and a closer approximation to a "system" of services. Early federal initiatives were designed to provide "seed money", thus,

stimulating the development of services. These included the Handicapped Children's Early Education Program (HCEEP) and the Preschool Incentive Grant Program (PIG). Other federal initiatives began to lay the foundation for, and encourage the development of, a system of services. Those included the State Implementation Grant Program (SIG) and the State Plan Grant Program (P.L. 98-199). The federal government's commitment to comprehensive, statewide systems of early intervention services became institutionalized with the passage of P.L. 99-457 (now known as IDEA).

Change, as defined by Lindquist (1978) is the "modification of, deletion of, or additions to attitudes and behaviors existing in a person, group, organization or larger system" (p. 1). Other investigators also go beyond the focus on individual change and address the change of the actual structure - its component parts and processes of operation. Rogers and Shoemaker (1971) defined "social change" as the process by which alteration occurs in the structure and function of a social system. They also propose two categories or types of social system change: immanent, those changes arising from within the system, or internally generated change; and contact, changes arising from an agent who is external to the system. While Part H of IDEA could have certainly been seen as the impetus of this cycle of social change or systems change process within states, the implementation of this policy at the state and local levels is likely to require some combination of internally, and externally initiated change.

The very requirement of the law to involve the Governor, parents, and legislators (as representatives on the ICC) appears to be an effort to provide an opportunity and a vehicle for systems change to be influenced, or initiated by individuals who are external to the operation of the service system. Indeed, according to Baldridge and Deal (1983), the pressure for change in our educational systems has shifted from the inside, to outside, of organizations.

They also contended that the incentives for change have shifted from voluntary improvements to mandatory requirements. The literature also addresses the concept of the unit that adopts an innovation or change (Rogers & Shoemaker, 1971). Two levels are presented: the microanalytic approach to the analysis of change is focused at the individual level; the macroanalytic approach examines change at the social system level.

The theme that communication is central to, and essential for, the process of social system change permeates the literature (Rogers & Shoemaker, 1971). The diffusion literature indicates that new ideas usually spread from a source to an audience of receivers, through a series of sequential transmissions. The issue of time is also addressed as critical to the adoption of new ideas. The concept of the "planned change" process, which focuses on the management of the change process, and the concept of "strategic planning", which focuses on the development of a concrete plan of action, are also discussed in the literature as vehicles for systems change. The mental process used by an individual in the decision to adopt or reject the decision consists of a series of five stages: awareness, interest, evaluation, a small scale trial or pilot, and adoption or rejection of the idea.

The importance of the person initiating the change or the "change agent" is also relevant. The literature has focused on the personal characteristics of these individuals, as well as whether they should be internally or externally located with relationship to the system they are trying to change. The nature and qualities of leadership and its relationship to systems change is addressed. For example, according to Bennis (1990) "True leaders work to gain the trust of their constituents, communicate their vision lucidly, and thus involve everyone in the processes of change. They then try to use the inevitable dissent and conflict creatively and out of all of that, sometimes, a new paradigm emerges" (p. 30).

Bennis (1989) asserts that "Managers are people who do things right; leaders are people who do the right thing. Both roles are crucial, but they differ profoundly" (p.35). He also contends that "American organizations are over-managed and under-led" (p. 35).

The individuals who have been the targets of change have also been studied and described in various ways. One idea of relevance to the implementation of this federal policy are the five adopter categories summarized by Rogers & Shoemaker (1971) to include: innovators, early adopters, early majority, late majority, and laggards. Classification into one of these categories is based upon the relative time in which innovation is adopted. The concept of the rate of state progress in policy implementation could certainly be examined in light of these categorical distinctions. The literature related to planned change refers to those individuals within the system who must endorse, participate in, or carry out, the required changes as "stakeholders". These stakeholders are further classified into such groups as: opinion leaders, gatekeepers, targets, clients, early adopters and consumers.

The systems change literature addresses the issues of system norms (traditional and modern), as well as culture. The propensity for change is influenced by the beliefs, values and behaviors that are ingrained in various groups or communities within the system. The degree to which the innovation is positively, or negatively, aligned with characteristics of the culture, is crucial to the adoption of change. In some instances, it may be necessary to modify the properties of the culture so that it will become more receptive to a particular innovation. Closely related to this concept is the type of decisions regarding the use of innovations. These include: (1) optional decisions (an individual decides regardless of the decisions of others); (2) collective decisions (individuals come to

consensus); and (3) authority decisions (decisions are forced on an individual by a person(s) in a position of power).

It seems clear from this brief review, that multiple factors are at work as organizations, institutions and individuals initiate, or are affected by, the process of attempting to change their social services systems. Indeed, so many factors are at work with regard to system change that there appear to be differential results or different degrees of the adoption of an innovation or change. The "change" literature addresses the discrepancies between "what is intended" and "what actually takes place" when change is attempted. In order to change systems, it is necessary to understand the forces that influence change. This same idea is basic to the process of policy implementation, as well. Many of the concepts and themes found in the systems change literature also appear in some form in the literature on policy implementation.

Gallagher has addressed both the concepts of planned change (1972) and the concept of policy implementation (1981). In his chapter on the "Psychology of Planned Change" he lists several causes for the resistance to change, including: (1) the change agent is not strong enough or powerful enough; (2) our outdated systems are not capable of effective responses; and (3) the sociopsychological factors of self-interest and self-concept are strong influences on the behavior of individuals. Elsewhere, Gallagher (1981) notes that many barriers exist between the legislative idea and its effective implementation. He characterized these barriers into the following categories: institutional, psychological, sociological, economic, political, and geographical.

The relationships between **systems change** and **policy implementation**, which are evident from a brief examination of the literature, are relevant to Part H of IDEA. This legislation requires, in many instances, far-reaching and sweeping changes within the structures of the service system, as well as in the nature of

the services provided. These changes, in turn, affect, at both state and local levels, the roles, responsibilities and behavior of the individuals who are providing those services, or the "system members."

PURPOSE

While Congress has enacted legislation that sets forth a single standard, requiring participating states to develop a comprehensive, multidisciplinary, coordinated system of early intervention services, the legislation also provides a great deal of latitude to states. In addition, prior to the passage of P.L. 99-457, states varied in their policies, procedures, and approach to serving infants and toddlers with disabilities (Meisels, Harbin, Modigliani and Olson, 1988). Consequently, it stands to reason that states are likely to differ in their approaches to implementing this federal policy. Thus, it is the purpose of this multi-year study to describe and explain the different approaches taken by state policymakers in a diverse group of states, as they seek to implement Part H of the IDEA.

CONCEPTUAL FRAMEWORK

The framers of Part H of IDEA gave states considerable flexibility in planning for the implementation of the law, although the explicit intent of the law was for states to develop a comprehensive, interagency, multidisciplinary, coordinated service delivery system for young children with disabilities and their families. This flexibility in how states accomplish the intent of the law means that there are numerous ways that states might approach the development of a service system. Indeed, results from the first year of a multi-year case study of six states yielded such diversity (Harbin, Clifford, Gallagher, Eckland, & Place, 1991).

In order to describe and explain the differences in states' approaches, a conceptual framework for the analysis of case study data was developed. This conceptual framework contains four interrelated components: (1) the level and types of intended systems change desired by Part H policymakers; (2) the strategies selected to achieve the level and type of desired system change; (3) the context in which all of this takes place; and (4) the particular stage or stages of policy implementation in which the state finds itself. Each of these components of the conceptual framework is described in this section. However, it is the way in which these components interact within a given state that produces the totality (or gestalt) of each state's approach, or the state's Part H implementation style.

(1) Levels of Intended Part H System Change

Individualization of "federal programs during the process of implementation in order to adapt them to their own aspirations and conditions" (Buntz, Macaluso, and Azarow, 1978) implies that states may have differing goals when implementing Part H of the IDEA and building a system of early intervention services. Year one results of the case studies of six states revealed that these six states focused on one of three procedural goals for the implementation of this federal legislation. While the overarching goal of participating in Part H of the IDEA is to develop a system of service delivery that meets the needs of infants and toddlers with disabilities and their families, as well as complying with the provisions of the federal law, specific goals to accomplish this were found to differ across states. These case studies revealed that goals fell into one of the following three categories:

1. To build or develop a new system of services
2. To make some modifications to an existing service system

3. To extend the existing service system, with few changes.

Prior to the passage of Part H of the IDEA, all states provided some services to infants and toddlers with disabilities. However, these services differed in many ways. Some states had fairly sophisticated systems of service delivery, while other states had no system, but provided a few rudimentary services. Thus, it would seem to make sense that some states would need to make more substantial changes than others in order to meet both the intent and letter of the law.

The three different goals listed above are related to the amount of change that state policymakers intended to make in their early intervention delivery systems. The amount of change can be categorized into three different levels. The distinctions among the three levels of change relate to the nature of changes in the six major areas of change discussed earlier in the Background section of this paper and listed in Table 1. A house remodeling analogy may be a useful metaphor in distinguishing among these three levels of change.

(A) Major Changes. Policymakers can see their state's participation in Part H of the IDEA as an opportunity to drastically change the service delivery to infants and toddlers and their families, by making changes in every aspect (or nearly every aspect) of their service system. This is similar to the situation of the individual or individuals who decide to build a new house that is different in nearly every aspect from their current house.

(B) Moderate Changes. Policymakers could leave their service system structure intact, but intend to remodel some aspects of their service system. Continuing the housing analogy, in this situation individuals can be expected to keep their house, but remove some walls or add an entire room.

(C) Minor Changes. Policymakers could intend to make only minor changes in their early intervention service system. In this instance, state policy (and hence the service system) can be likened to individuals who decide to make only those remodeling changes that are absolutely necessary in order to comply with the housing code, or believe their house is nearly perfect and only needs minor remodeling.

The level of change was not the only way in which the case study states varied. They also varied considerably in the areas of the service system in which changes were being made, as well as in the basic approach to service delivery.

(2) Strategies Used to Achieve Intended Systems Change

The development of policy for the implementation of Part H of the IDEA requires the generation of a series of strategies by which policies can be established and supported by key forces in the state. Such strategies are necessary because of the dispersion of power and authority related to the implementation of this law. In this instance, strategies refers to ways of devising or employing plans to accomplish the goal of the desired systems changes required for Part H of the IDEA. Strategies selected by Part H policymakers can focus on three major tasks, which are directly related to the three stages of policy implementation discussed later in this Conceptual Framework Section. The three tasks include: (1) building the vision and developing the policies for the desired service system for Part H of the IDEA; (2) obtaining support for the vision of the service system and its needed policies; and (3) operationalizing the vision of the service system by putting the policies into effect.

Analysis of data from the first year of the case studies revealed that states were engaging in many different activities in developing their early intervention system of services. Further analyses revealed that there were eight broad types

of strategies that were used by states to address the three tasks listed above. The strategies are summarized in Table 2 and explained below.

(A) Use of Expert Knowledge. Consultants and technical assistance are utilized to provide information or assist with the conceptualization of various aspects of the early intervention service system. This strategy is used to obtain information or skills that do not exist within the Part H project nor are possessed by the individuals from various agencies and constituencies working on Part H. This strategy can also be used to lend credibility to the concepts and policies developed by Part H policymakers. Examples include: use of a finance consultant, contracting with a private firm to develop a public awareness campaign, or selection of a consultant to help delineate the role of the ICC.

(B) Research, Experimental Implementation, and Demonstration. This type of strategy contains the use of pilots to assist in the development of a single aspect of the service system (e.g., IFSP or eligibility criteria) or to try out the policies for all of the components of the service system. Also included in this category is the use of studies on particular topics (e.g., finance, case management, eligibility). The use of task forces regarding various service system components (e.g., Child Identification, Finance, Eligibility, etc.) is also included in this type of strategy. Strategies within this category are designed to provide information to policymakers with regard to the conceptualization,

Table 2
Strategies Used to Achieve Intended Systems Change

•Use of Expert Knowledge
Consultants & technical assistance are utilized 1) to provide information or assist with the conceptualization of various aspects of the early intervention service system; and 2) to obtain information or skills that do not exist within the Part H project or individuals from various affiliated agencies and constituencies.

•Research, Experimental Implementation & Demonstration
The use of pilot studies/task forces to assist in the development of a single aspect of the service system, to try out the policies for all of the components of the service system, or to address particular topics. The purpose of the research is to inform policymakers with regard to the conceptuallzation, feasibility, and outcomes of particular policy approaches.

•Meetings and Conferences
Using statewide conferences for particular or multiple target groups to 1) present information on central concepts with respect to Part H implementation; 2) to present Part H activities and plans; and 3) obtain feedback for policymakers.

•Use of Informal Relationships
Recognizing the need to have collegial relationships with persons across agencies, and using already established good professional and personal relationships to further the policy development process.

•Use of Existing Mechanisms for Cooperative Decision Making
Using mechanisms for interagency planning and policy development that existed prior to the passage of this legislation in 1986.

•Create New Structures/Mechanisms for Cooperative Decision-Making
Using multiagency/constituency structures as in the above strategy; however, these structures and mechanisms were developed following the passage of Part H of IDEA.

•Special Use of Staff
Selecting staff in order to influence policy-making for Part H implementation by 1) choosing Part H staff based upon varied experiences, skills, and backgrounds; 2) the use of Part H staff as liaisons to other agencies; and 3) agreements among agencies to share staff, for example.

•Strategies Used by "Outside Players"
The impact of entities from outside the state and local government on the state policy process. i.e. the influence of parent advocacy groups on the development and implementation of policy

feasibility and outcomes of particular policy approaches.

(C) Meeting and Conferences. This type of strategy involves the use of statewide conferences for a particular target group (e.g., parents) or multiple target groups in order to: (a) present information on concepts that are central to the implementation of Part H of the IDEA (e.g., family focus); (b) make participants aware of Part H activities and plans; (c) obtain feedback for Part H policymakers. This strategy also includes small group meetings with key individuals whose support is needed in order to develop and implement the new early intervention service system.

(D) Use of Informal Relationships. The recognition of the need to have a collegial relationship with persons across agencies and constituencies, as well as the use of already established good professional and personal relationships to further the policy development process, is included in this type of strategy. In some states, it may bear resemblance to the "old boy" network.

(E) Use of Existing Mechanisms for Cooperative Decision-Making. A few states had mechanisms for interagency planning and policy development prior to the passage of this legislation in 1986, and have put these experiences and mechanisms to work in the task of developing an early intervention service system. This includes such structures as a group of Division Directors cooperatively developing children's policy or the use of an interagency group to review proposals.

(F) Creation of New Structures and Mechanisms for Cooperative Decision-Making. This strategy includes the same types of multiagency/constituency structures utilized in the previous strategy (ICC, child policy council, staff liaisons, etc.). However, in this instance the state developed these structures and mechanisms after the passage of Part H of the IDEA.

(G) Special Use of Staff. The deliberate choice of Part H staff based upon varied experiences, skills and backgrounds, the use of Part H staff as liaisons to other agencies, and agreements among agencies to share staff, are but a few of the ways states have chosen to make use of staff to influence policy making for Part H implementation.

(H) Strategies Used by "Outside Players". Entities outside of state and local government, such as parent advocacy groups, often play a role in the development and implementation of policy. While this class of strategies is not always a deliberate method used by Part H policymakers, the plans and action of outside players certainly can have an impact on the policy process in many states.

(3) Context In Which Implementation Takes Place

The literature on policy implementation emphasizes the idea that state contextual factors are important independent variables in how federal programs are implemented (Goggin, 1987). For instance, the "local control" ethos in a state, or the amount of litigation regarding human services, can have an effect in the decisions made by state agencies' policymakers, as well as affecting the way these policymakers make decisions (Jensen & Griffin, 1986; McLaughlin, 1982). Indeed, Kincaid (1982) asserts that policymaking and state level decision making cannot be understood apart from the culture and values of the state.

The approaches states use in policy formulation have been found to vary in a number of studies regarding human service issues. For instance, the body of literature concerning the influence of political culture strongly suggests that the views in the state about the role of the government predict the nature of public welfare and education policies more strongly than rival predictors, such as socioeconomic or urban/rural indicators (Lovrich, Daynes, & Geiger, 1980).

Values regarding the role of government account for differences across states in the amount of resources expended for human services (cf. Wirt, 1983) . Numerous studies support the notion that the values of state policymakers themselves are a reflection of the state culture, and affect policy decisions (Goggin, 1987; Mitchell, Marshall & Wirt, 1985; Wirt, Mitchell & Marshall, 1988).

For the purposes of this study the research team selected a combination of traditional contextual variables such as state wealth, in addition to variables related to the political culture of the state. There were eight different contextual factors that were selected as having a potential to significantly influence the implementation of Part H of the IDEA. These are summarized in Table 3, while each of the factors is described below.

(A) Lead Agency. The type of lead agency for the purposes of this analysis was designated as one of four types: single - traditional (e.g., health , education); single - coordinating office (Governor's Office for Children); interagency entity or unit; and umbrella agency (Human Resources). During the first case study visits, there were 3 traditional lead agencies (2 in Education and 1 in Health), 1 umbrella (Human Resources) , and 2 interagency units. At the time of the second case study visit, one of the single, traditional lead agencies changed to a single - coordinating office lead agency, as the Governor had created a new coordinating office for children within his office and Part H was assigned to this new office.

(B) Wealth. For the purposes of this analysis the median family income was used as a general indicator of state wealth. The Statistical Abstract of the United States, 104th Edition (1984) was used to obtain state ranks. The ranks were then divided into quartiles.

(C) Homogeneity of the Population. This state contextual factor is

Table 3
Context in Which Implementation Takes Place: Eight Contextual Factors

•Lead Agency
The type of lead agency was designated as
1) single- traditional (health, education);
2) single- coordinating office;
3) umbrella agency; and
4) interagency entity or unit.

•Wealth
The median family income of the state was used as the general indicator of state wealth.

•Homogeneity of the Population
Based upon the number of minorities residing in each state, the states were categorized into one of three groups:
1) high homogeneity = 0-6% minority
2) moderate homogeneity = 7-20% minority
3) low homogeneity = >20% minority

•Human Service Problems
The average of state ranks on 3 variables:
1) percent of high school dropouts
2) percent of births that are low birthweight
3) percent of infants born to teenage mothers.

•Political Climate
The general climate in the state with regard to programs for children in general, for young children with special needs specifically.

•Support for Part H
The existence, nature, & location of political support for Part H, as well as how widely Part H activities are supported by the vast array of state relevant constituencies.

•History of Services
This includes the amount of services provided, & the amount of the population served prior to the passage of Part H of P.L. 99-457 (IDEA).

•History of Interagency Service Coordination
The amount and nature of interagency activities & initiatives relating to young children with disabilities both formal & informal.

based upon the percentage of racial/ethnic minorities residing in each state. States were then assigned to one of three groups: high homogeneity = 0-6% minorities; moderate homogeneity = 7-20% minorities; low homogeneity = >20% minorities. The source used for these data was the Statistical Abstract of the United States, 104th Edition (1984).

(D) Human Service Problems. This factor is the average of state ranks on 3 variables: percent of high school dropouts, percent of births that are low birthweight, and percent of infants born to teenage mothers. A rank of 1 would indicate that a state had extreme human service problems. A rank of 50 meant that a state had the least amount in comparison to other states. The ranks were divided into quartiles. The source used for these data was Brizius and Foster (1990), States in Profile: The State Policy Reference Book.

(E) Political Climate. This factor refers to the general climate found within the state with regard to developing programs for children in general, and young children with special needs specifically. The influence of the current economic condition of the state during these case studies often influenced the state's willingness to expend additional resources on new programs. The data for this factor are taken from case study data and are supplemented by states' responses on the Assessment of Influential Characteristics Scale (Harbin, 1989).

(F) Support for Part H. The existence of, nature and location of political support for Part H was also obtained from case study data (interviews and documents). This factor also includes how widely Part H activities are supported by the vast array of relevant constituencies within the state.

(G) History of Services. This includes the amount of services provided, and the amount of the population served prior to the passage of Part H of P.L. 99-457 (now known as IDEA). These data were obtained from case study interviews and document analyses.

(H) History of Interagency Service Coordination. The amount and nature of interagency activities and initiatives relating to young children with disabilities, both formal and informal, are included in this area. These data were obtained through analysis of case study interviews and examination of various state documents.

(4) Stages of Policy Implementation

A number of studies have suggested dividing the policy implementation process into phases (Campbell & Mazzoni, 1976; Goggin, 1987; Meisels, 1985; Van Horn & Van Meter, 1977). In the present study, the implementation of a federal law at the state and local levels has been divided into three major stages: policy development, policy approval, and policy application. Each of these phases has specific requirements that must be achieved in order to continue to obtain federal funds.

(A) Policy Development. The generation of a set of written rules and procedures which (1) guide the allocation of resources, (2) identify the eligible candidates for the special services, (3) delineate the system of services, (4) identify who will deliver the services, and (5) state the conditions under which the services will be delivered constitute this phase of the process.

(B) Policy Approval. This phase reflects the series of actions and events necessary to obtain official sanction for the policies that have been developed. Who provides such an official sanction may vary from state to state, or by type of policy. In some states this may mean necessary action by the state legislature; in others it may mean action by the governor, and in still others, actions taken by the lead agency. Some official action is necessary, however, before "draft" policies become the policy of the state.

(C) Policy Application. Once the policies have been officially sanctioned, it is then necessary to put them into operation at the state level and at the local

level, where the actual service delivery takes place. At this point, it is necessary to determine if these rules are appropriate to the specific problems posed by both the state and local environments. In Part H of the IDEA, the application of policy also implies changes in the relationships of state agencies with one another.

Policy development, approval, and application are considered as three distinct processes requiring different types of activities. In many instances, though, it is possible for the state policymakers to be working on all three levels simultaneously. This characteristic of the policy implementation process only adds additional complexities.

METHODOLOGY

Case studies were conducted in selected states between December, 1988 and December, 1990. During that period of time, two visits were made to five states and one visit made to the remaining state. Results of the first visit to each of the six states, regarding factors influencing the states' overall progress in the implementation of Part H of the IDEA, were reported by the case study team (Harbin, Clifford, Gallagher, Place, and Eckland, 1990).

This report utilizes data across both of the site visits to case study states. Instead of continuing to utilize the previous analytic framework, which focused on eight broad factors affecting implementation, a new data analytic framework was constructed which focuses on describing and explaining the various approaches used by states in their endeavors to implement Part H of the IDEA. The preceding section of this report (Conceptual Framework) is dedicated to explaining this new conceptual framework, which was utilized in data analysis, and hence in reporting the results across both case study visits.

Research Questions

1. Do state policymakers in different states intend to make different amounts and types of changes in their early intervention service system?
2. What is the relationship between the intended level of systems change and state contextual factors?
3. What is the relationship between the intended level of systems change and the strategies used to achieve that change?
4. Are there interrelationships among the amount of intended systems change, state contextual factors, and the strategies used?

Sample

While case studies of policy implementation often focus on a single state (e.g., Masters, Salisbury, & Elliot, 1964; Milstein & Jennings, 1973), it was deemed necessary to examine implementation of Part H across several states. This decision was required because of the broad discretion given to states under the law regarding key aspects of implementation, ranging from definitions of eligibility for service and appropriate means for financing the service system, to determination of the location of the lead agency. This report is based on case studies of six selected states which offer diversity, for example, in population, region, relative wealth, history of services to young children with disabilities, and approach to services for children and families.

The selection of the six states for the case studies followed the purposive sampling approach of Patton (1980) which focused on the selection of cases for maximum variation or sampling of critical cases. Fifteen indicators of critical relevance to Part H on which states needed to vary were determined (Table 4). Foremost, we wanted to examine states that used different approaches to interagency coordination and that began at different levels of readiness for

interagency policy development. We also wanted to include variability in states' resources and demographic characteristics. Finally, variation by region of the country was desired. It is important to note that an overriding feature upon which case selection focused was the history of states' services to young children with disabilities and the history of coordination of these services. As shown in Table 4, four of the six states were advanced in these areas.

Criticism of the case study approach often centers on unclear methods and difficulties of generalization. Both of these problems can be addressed through rigor in design and in the methods of data collection and analysis (Greene & David, 1984; Yin, 1984). The importance of design and methods is heightened in a multi-site model, where the challenge is to generate findings that are meaningful within, and comparable across sites. In a discussion of design issues related to generalizing from case studies, Greene and David (1984, p. 75) argue that a rigorous multi-site case study design has four features:

- a conceptual framework that provides a super ordinate structure for the conduct of each study in order to maximize comparabilityacross sites;
- a sampling plan to insure representativeness of the target population;
- procedures to guide the handling of the case studies; and
- a strategy for cross-site analysis that examines the range of applicability of findings.

For the purposes of the current study, it was desirable to examine states which were on average more advanced than typical states in terms of development of services for infants and toddlers with disabilities and their families. Studying a state which was experiencing difficulties would be informative about failure, but not necessarily about how to be successful. The plan was to understand features associated with success. However, one state

TABLE 4
Description of Selected States for Case-Study According to Selected Criteria

	1	2	3	4	5	6
Population (rank)	3,045 (27)	4,265 (19)	1,133 (8)	15,280 (3)	5,639 (12)	5,781 (11)
Percent of Population in Metropolitan Area	80.5	93.0	36.0	79.5	62.3	91.2
Region of Country	West	Mid-Atlantic	NEast	South	South	NEast
Median Family Income (rank)	$21,279 (12)	$23,112 (3)	$16,167 (47)	$19,617 (17)	$$17,414 (37)	$21,166 (14)
Percent Minority Population	12% Hispanic	23% Black	2% Non-white	21% Hispanic	27% Black	6% Non-white
Quality Level of Data System	High	High	High	High	Low	Medium/High
Lead Agency	Education	Government Council	Inter-Dept.	ICC	Human Resources	Health
Entitlement	No	Yes	No	No	No	No
History of Services	Moderate	High	High	Moderate/High	Little	Moderate/High
Number of Funds Coordinated	0	13	13	8	0	2
Development of Financial System	High	High	High	Moderate/High	Low	High
Development Level of ICC	High	High	High	Moderate	Low	Low
Approach to Finance System	New/LRE sliding scale	Government Council Coord. of Finance	Local Coordination Child-Focused	ICC:State Finance	Traditional	Traditional Single Agency
Approach to ICC	Service Integration	Coordination	State/local network	State Agency	Undecided	Single Agency
Per Capita Taxes	$1,448 (17)	$1,629 (11)	$1,328 (29)	$1,148 (40)	$1,181 (38)	$1,715 (8)

which was viewed as quite slow at building the system was selected for comparison purposes.

Single Research Team

We determined at the outset of our studies that the complexity of Part H implementation -- and of our conceptual framework -- required that we use a single team of interviewers from our core staff. This approach reduced the need for extensive training to achieve a common understanding of our purposes, conceptual framework, and methods of data collection and analysis (cf. Greene & David, 1984). The decision to use a single team enhanced the potential for comparability across sites. The team was composed of individuals conducting studies in the areas of finance, families, and interagency coordination. In addition to semi-structured interviews in each of these areas, team members also asked questions relevant to the over-all implementation of Part H of the IDEA. These individuals included Patricia Place and James Gallagher (Families), Richard Clifford and Carolyn Stuart (Finance), and Gloria Harbin (Interagency Service Coordination). This group of investigators developed the conceptual framework for the study, collected data and analyzed it cooperatively.

Preparation for a Case Study Visit

An initial telephone call, explaining the purpose of the case study and what participation would entail, was made to each Part H Coordinator in order to obtain approval. A subsequent letter was sent to the Part H Coordinators in each state confirming the participation of the state and describing the purposes of case study.

Several weeks after the initial agreement to participate, a second telephone discussion aimed at the scheduling of the visit was held with the Part H

Coordinator. During the call, we asked the Coordinator to help us select the most knowledgeable individual to write the service history. Thereafter, we contacted the service historian to explain the task and payment for completion. A follow-up letter outlined the points to be covered in the service history.

The next step involved a conference call to the Part H Coordinator to discuss the types of individuals needed for answering questions in each of the areas of inquiry (i.e., finance, families, interagency coordination, and over-all policy development), and to work out logistical issues for the on-site visit. During this call, we also requested materials and documents from the Part H Coordinator not already in our possession, such as the most recent organizational chart for the lead agency. Before contacting the Part H Coordinator we ascertained which policy documents were in the NEC*TAS files. Typically, several calls followed as further details of scheduling interviews arose.

Multiple Methods

A distinguishing feature of case study research is the opportunity to use multiple data sources to provide evidence for the conclusions drawn by the study. The employment of several data sources represents a strength of the case study technique for several reasons. First, it enables researchers to investigate a broader range of issues, including historical and attitudinal variables. Second, and most important, multiple sources of evidence provide a means by which triangulation, or converging lines of inquiry, can develop. Finally, the process of triangulation gives the study stronger validity, since there are multiple measures of the same outcome (Yin, 1984). Yin (1984) offers the following sources to be used in case study research: documentation, archival records, interviews, direct observation, participant observation, and physical artifacts. The first three of these (documents, records, and interviews) were the primary data sources in the

current study. This report also incorporates data from other CPSP studies that utilized a scale to gauge the progress states were making in developing and implementing policy for Part H (Gallagher and Harbin, 1988). Results from another scale were utilized to describe various factors operating within the states which influenced implementation of Part H of the IDEA. The document analysis and interview procedures are described below.

Document Analysis. One component of the case studies was the analysis of Part H applications of the six case study states. This analysis was conducted to elicit evidence that would support or contradict the findings from the personal interviews and to collect new information not obtained from other sources.

Part H applications are submitted to the U.S. Department of Education, Office of Special Education Programs as a requirement for states to receive the federal money appropriated for planning purposes. Originally, Congress envisioned that the Part H system would be implemented in a five year period. Part H monies are therefore allocated depending on the "year" of implementation a given state is entering. In order to receive monies for a given year, certain criteria or substantive requirements must be met by the states.

Part H applications are official state documents that serve, in part, to illustrate the stages of state implementation of Part H. An examination of these documents, emphasizing the substantive requirements each year, provided evidence of the approaches states were using to implement Part H and the philosophies that acted as a driving force behind those approaches. Given the discretionary nature of the law, it was expected that considerable diversity would emerge in philosophies, approaches, and strategies used by the states.

Yin (1984) cautions that an over-reliance on document analysis can be misleading because documents are written for a specific purpose other than the

case study. Analysis of the Part H applications revealed that while, in some cases, very little information other than federal requirements could be gleaned from the document, the content of applications varied greatly from state to state. All offered at least parts that demonstrated the approaches and philosophies of the states toward Part H.

Part H applications were collected, along with other documentation, during the site visits to the states or by calling the states following visits to request the application. A thorough review of all documents collected revealed that the most consistent and comparable source of evidence across states was the Part H application.

Applications from calendar years 1988 and 1990 were used in this analysis. Applications submitted in these years were selected because they correspond most closely to the time of site visits. Part H applications submitted in 1988 were available for all of the states studied, and represent requests for Year 2 funding. 1990 applications were available for three states and represent Year 4 requests for funding.

The applications were loaded verbatim into Nota Bene software for the purpose of coding and analysis. The codes represent key areas that are indicative of approaches, philosophies, and strategies, that were determined to vary across the states.

Interviews. A series of semi-structured interviews was conducted in each of the six states over the period of December, 1988 to June, 1989 for Phase 1, and in five of the six states over the period of March, 1990 to December, 1990 for Phase 2. These interviews employed semi-structured protocols that sometimes differed for different respondents. The lead agency director and Part H Coordinator in each of the states provided information and suggestions about potential interviewees. These individuals generally represented various state

agencies, and policymaking bodies. They varied across levels of government, from commissioners to program staff. In addition, other types of individuals interviewed included: parents, advocacy group representatives, local program administrators, service providers, physicians, as well as representatives of the Governor's office and legislature. A total of 25 to 35 persons were interviewed in each of the states in each data collection phase.

Interview protocols were developed for the areas of "interagency service coordination," "financing the system," and "family issues," as well as "overall policy development." The protocols were revised between phases of data collection to reflect the changes and progress states were making in developing and implementing policy. Three investigators conducted the interviews in each state, and met after the site visits to discuss impressions and initial findings.

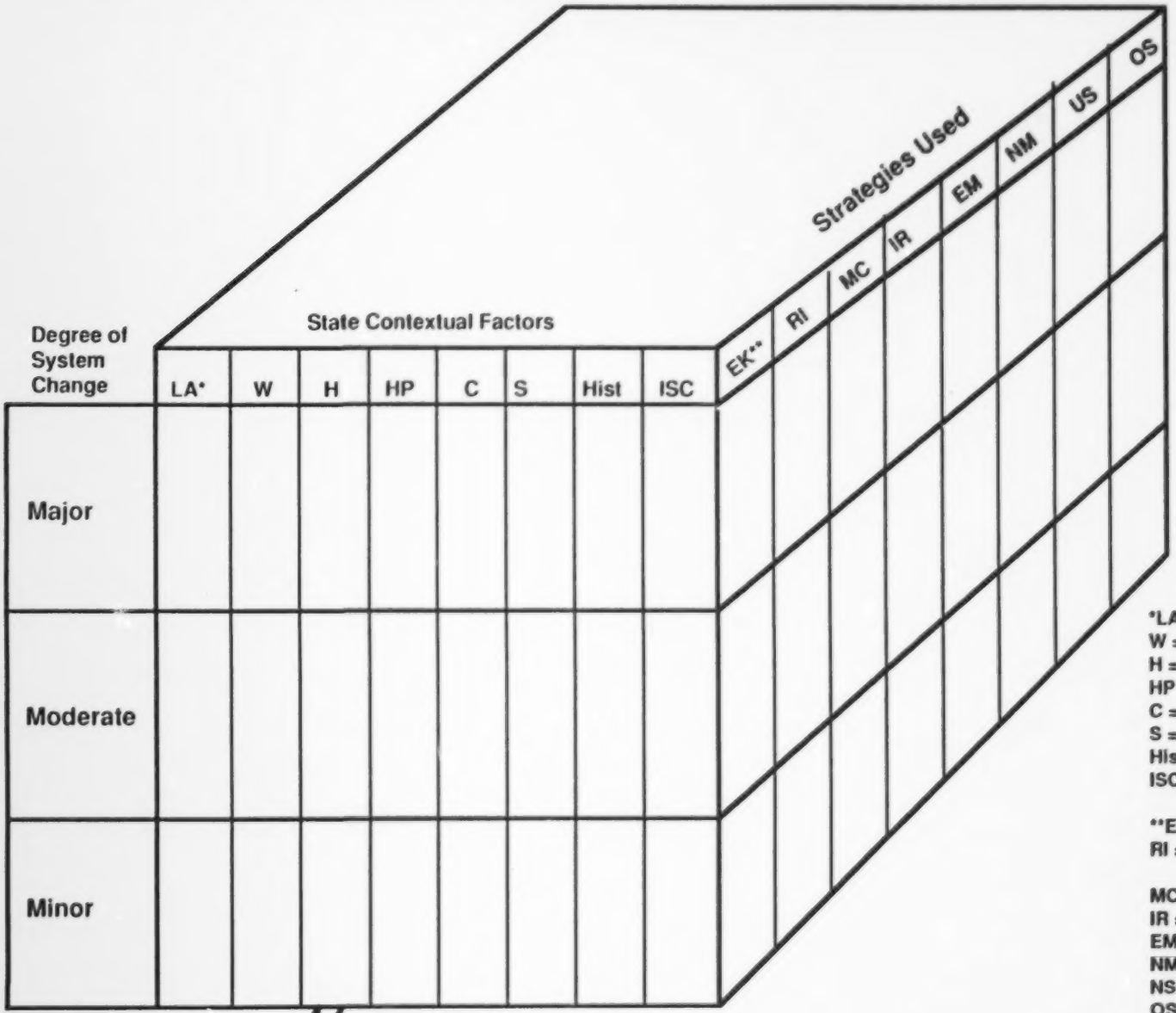
Data Analysis Procedures

Analysis of case study data took place at both the specific study level (e.g., finance), as well as at the level of overall implementation of Part H for each state. The data analytic process which was used for individual areas of study (e.g., families, etc.) has been reported in the previous case study report (Harbin, Clifford, Gallagher, Eckland, and Place, 1990), as well as in reports of findings for each of the study areas. As this report addresses states' approaches to over-all implementation, the series of steps used to analyze the qualitative data obtained from the interviews in each state related to over-all implementation are presented below.

1. Each investigator reviewed his/her "running notes" immediately after the site visit. Each investigator organized data so as to compare the responses of various informants across the lines of inquiry.

2. In consultation with a small team of consultants, the case study research team developed a conceptual framework which would guide data analysis. This framework was described in detail in the previous section of this report. In brief, the analytic framework consisted of three components: (1) the amount of systems change the state intended to make in their early intervention service system; (2) the context within the state in which policy implementation was taking place; and (3) the strategies selected to achieve the desired level of systems change. These three analytic components are displayed in Figure 1.
3. The case study team met multiple times to address each component of the conceptual framework. Each team member used his/her field notes and interview protocols as sources of data for these discussions. Through discussion, the team members arrived at consensus regarding the data or evidence to be entered into the data analysis matrices.
4. A matrix was developed for each of the 3 analytic components. The evidence was placed by the team within the categories, and then frequencies were tabulated within the evidence categories (Miles and Huberman, 1984; Yin, 1989). These are considered traditional ways of organizing case study data. The completed matrices served as a summary of data and allowed the investigators to search for themes and patterns, as well as for rival explanations. As Yin (1989) points

Figure 1: Relationship Among Three Analytic Components



*LA = Lead Agency
W = Wealth
H = Homogeneity of Population
HP = Human Service Problems
C = Political Climate
S = Support for Part H
Hist = History of Services
ISC = History of Interagency Coordination
**EK = Expert Knowledge
RI = Research & Experimental Implementation
MC = Meetings & Conferences
IR = Informal Realtionships
EM = Existing Mechanisms
NM = New Mechanisms
NS = Use of Staff
OS = Outside Players

out, the purpose of a multiple case report is not to portray any single one of the cases, but to synthesize the lessons from all of them (p. 136) and to organize the lessons around topics. A filled cell for "HISTORY OF SERVICES" might include the statement "Moderate history of services to young children with disabilities." These reduced data allowed for patterns to emerge related to various aspects of the states' approaches to implementing Part H of the IDEA.

5. The next step in cross site data analysis was to examine the relationship among the data for all three of the analytic components: (1) level of change; (2) state context; and (3) strategies used.
6. The analysis of state policy documents (described above) was conducted by two individuals who were not members of the case study research team. Results of the document analysis were compared to results of the analysis of interview data, where confirmation or the lack of confirmation was determined.
7. The next critical step in the analysis process also focused on the issue of confirmation of findings. Data entered into each matrix was presented to policymakers in each of the case study states to determine accuracy of these data. The case study states were then invited to attend a meeting where the major findings - the patterns and relationships among states - were presented for their reaction and discussion.
8. The final step consisted of making minor changes in the data within the matrices as suggested by states. These minor changes, however, had no effect on the major conclusions reached through the process of analysis.

RESULTS

Year 2 of the Case Studies sought to utilize data collected from Years 1 and 2 in order to describe and explain the different approaches that states are taking in the implementation of Part H of the IDEA. The multidimensional conceptual framework, described in one of the previous sections of this report, is congruent with the research questions and hence was used to guide data analysis. This section is organized around the four research questions presented in the Methodology section of this report.

Do State Policymakers Intend to Make Different Amounts And Types of Changes In Their Early Intervention Service System?

The Case Study Team rated each state on the amount of change in each of the six areas of change discussed earlier in the Background section of the report. The areas of change are: (1) eligible population; (2) structure of the service system; (3) approach to funding; (4) nature of the service system; (5) policies; and (6) personnel. A scale used by the Case Study Research Team members is included in Table 5. Based upon these individually conducted ratings, as well as discussion among team members, states did fall into three different levels of intended system change: major, moderate and minor. Descriptions for each of these different levels of intended change were presented in the Conceptual Framework section of this report. For Year 1, policymakers in two states were attempting to make major changes in their early intervention service systems. It is interesting to note that one of these states (hereafter referred to as State #2 in this report) intending to make major changes actually had an entitlement to services for children with disabilities starting at birth. Therefore, many individuals both inside and outside of the state assumed that as a result of this entitlement only minor changes would be needed.

Table 5

Amount of Service System Change

1	Our structure and approach to service delivery is essentially the same as prior to the passage of Part H
2	Our state is keeping the basic structure for service delivery the same. However, we are making some changes that are required by Part H (e.g., use of an IFSP instead of an IEP). If changes are being made, they do not require moderate or major changes from service providers.
3	
4	Our state is making moderate changes in the service system. The basic structure remains the same, although there may be some changes in responsibilities within the structure. There are changes in some aspects of the service system (e.g., increased number of funding sources, IFSP instead of IEP). Some of the individual changes are minor, some moderate, only one or two may be major. Taken together, the changes average out to a moderate amount of change in the service system.
5	
6	In our state, the passage of Part H has been seen as an opportunity to radically re-design the way services are provided. Our state is making major or drastic changes in nearly every aspect of the service system.

However, state Part H leaders evidently disagreed and felt major changes were needed. Policymakers in two states were intending to make moderate changes, and policymakers in the remaining two states were attempting to make minor changes.

However, in year 2 of the case study, policymakers in one of the states had altered their intention from making only minor changes, to intending to make moderate changes in their service system. It should be noted that the Case Study Research Team was not able to collect data in State #6 in year 2. Therefore, in year 2, policymakers in 2 states were attempting to make major changes, while policymakers in 3 states were attempting to make moderate changes. However, communication with state policymakers in State #6 in the course of asking them to review the case study findings related to their state, indicated that policymakers in year 2 were still intending to make minor changes.

Just as policymakers in State #6 were asked to review and respond to case study findings, so too were the policymakers in the other five states. This response occurred in March, 1992. Policymakers were asked to indicate how much change in the early intervention service system policymakers were intending at that time. We were interested to see if the amount of change had remained constant or had increased or decreased.

Their comments proved to be very interesting. States 1 and 2 were continuing to attempt major service systems changes. Of the two states initially attempting moderate changes, State #4 was continuing to make moderate changes. However, in State #3 major changes had been made, and policymakers did not think that was a positive situation. The comprehensive interagency service system that had once been operating had been dismantled as a result of the state's financial crisis and intense opposition from local administrators. Of the two states originally attempting to make minor changes,

State #5 had not only altered the amount of change from minor to moderate during the case study, but policymakers were attempting to make major changes as of March of 1992. Policymakers in State #6 had altered the amount of change they were attempting to make in 1992 from minor to moderate. These results indicate that the amount of intended change is not necessarily static, but can fluctuate.

Table 6 presents the average of the team members' individual ratings regarding the amount of change each state's policymakers intended to make in their state's early intervention service system. Examination of these ratings indicates that, indeed, states logically fall into 3 groups.

An analysis of state's Part H applications, as well as various state policy documents, were found to support these ratings. Finally, a representative from each state (usually the Part H Coordinator) was asked to confirm the ratings. In general, their individual ratings were almost identical to the those of the Case Study Team.

What Is the Relationship Between The Intended Level of Systems Change and State Contextual Factors?

Eight different factors were selected based upon several factors: review of the literature; findings in Year 1 of the case study; as well as results from other CPSP studies. The eight selected contextual factors were examined to determine if there were any associations between any of these factors and the amount of intended service system change. These contextual factors were described in the Conceptual Framework section of this report and include: (1) lead agency; (2) state wealth; (3) homogeneity of the population; (4) amount of human service problems; (5) political climate; (6) support for Part H activities; (7) history of early intervention services; and (8) history of interagency coordination.

Table 6
Average of Team Members' Ratings: Amount of Service System Change

State	Eligible Population	Structure of Service System	Nature of Service System	Funding	Policies	Personnel	Total
1	5	6	6	6	5.5	5.5	34
2	4.5	5.5	5.5	5.5	5.5	5.5	32
3	2	3.5	2.5	5	4	3	20
4	2.5	2.5	3	4.5	3	2.5	18
5 *	Year 2: 1	4	4	4	5	5	23
	Year 1: 1	2	3	3	3	2	14
6 **	1	2	3	2	2	2	12

*Ratings for this state are broken down by year. The position of year 1 and 2 data demonstrate that for year 1 this state's ratings put it in the minor change category, while year 2 ratings put the state in the moderate change.

**Data were collected for year 1 only

Ratings refer to those described in Table 5. 1 corresponds to little change - 6 corresponds to major system change

While some relationships were found between individual contextual factors (e.g., political climate) and the amount of intended service system change, the most interesting finding related to the existence of clusters of contextual factors associated with the amount of service system change. An additional finding of interest relates to several of the traditional factors usually associated with policy research. Several of the traditional contextual factors such as wealth, designation of lead agency, homogeneity of the population, and the amount of human service problems (e.g., poverty, infant mortality, etc.) did not appear to be associated with state policymakers' decisions regarding the amount of change they wanted to make in their states' early intervention service system.

The remainder of this section will begin with a discussion of the results related to selected individual contextual factors. A discussion related to the combination of contextual factors will follow, concluding with a discussion of the role of significant events. Table 7 presents the comparison among states regarding the eight contextual factors examined in this study.

Wealth. The wealth of the state, above, did not appear to be a good predictor of the amount of service system change the state is willing to make. One of the case study states could be classified as wealthy, and indeed policymakers were intending to make major changes in their system of early intervention services. There were three moderately wealthy states. Policymakers in one of these states were intending to make major changes, while Part H leaders in one moderately wealthy state intended to make moderate changes, and policymakers in the third moderately wealthy state intended to make only minor changes. One of the states was classified as "poor" in terms of wealth. Policymakers in this state were intending to make moderate changes in its service system. The final state was classified as moderately poor. In year

Table 7

Level of Change	State	Lead Agency	Wealth	Homogeneity of Population	Human Service Problems	Climate	Support	History of Services	History of Interagency
Major	1	*Single Traditional Education	Moderately Wealthy	Moderate	Moderate	Excellent	Wide Gov.	Low to Moderate	Moderate Informal
Major	2	**Single Coordination	Rich	Low	Moderate	Moderate/ Excellent	Moderate Gov.	Substantial	Moderate Informal
Moderate	3	Interagency	Poor	High	Low	Moderate/ Poor	Moderate to Poor/ Local Dissention	Substantial	High Formal
Moderate	4	Interagency	Moderate	Low	Moderate	Excellent	LEG.	Substantial	High Formal
Year 1: Minor Year 2 Moderate	5	Umbrella	Moderately Poor	Low	High	Poor	1. None (Year 1) 2. Commissioner (Year 2)	Minimum	Low
Minor	6	Single Traditional Health	Moderately Wealthy	High	Moderate	Poor	LEG.	Substantial	Low

* Not the Lead Agency Prior to Part H

**The Lead Agency was changed twice during the Case Study. The Governor s office was the first lead agency. It was changed to the Department of Education, and then back to the Governor s office.

one policymakers were intending to make only minor changes. However, in the second year despite the state's lack of wealth, state policymakers were intending to attempt to make moderate changes in the system of early intervention services. Furthermore, after the completion of the case study, policymakers indicated their attempts to make major service system change.

While state "wealth", per se, did not seem to be an important factor in determining the amount of service system change, the stability of the economy did seem to play a role. States intending to make moderate to major systems changes initially had either a stable or growing economy. Regardless of the level of intended change, if finances were declining, or there was a major revenue shortfall, progress was slowed considerably.

History of Service Provision and Interagency Coordination. The previous history of service provision did not appear to be a good predictor of the amount of service system change selected. There were four case study states with a substantial history of service provision to infants and toddlers with disabilities. Of these four states, one was intending to make major changes in the early intervention service system, while two intended to make moderate changes, and one had elected to make only minor changes. Therefore, within the case study states, whether a state had historically provided services to large numbers of children did not appear to be a factor in how much state policymakers intended to change the system. It might be assumed that, if a state already had a service system prior to the passage of Part H of the IDEA, policymakers might elect to make only minor changes. However, such did not appear to be the case. It seems that factors other than previous provision of services influenced policymakers' decisions regarding the amount of change intended.

However, the experience with, or history of, interagency coordination did seem to be associated with the amount of change selected by policymakers. The

two case study states that previously had a long and formal history of interagency service coordination were electing to make moderate changes in their states' early intervention service system.

Both of the states, in which policymakers had decided to make major changes in early intervention service delivery, had a history of a moderate amount of coordination among agencies, which had been previously informal in nature. However, it appears that this level of informal coordination activity provided the foundation that was necessary for policymakers to decide that major changes were needed, changing from the fragmented system toward a more coordinated system.

On the other hand, both of the case study states in which there was very little experience in interagency coordination, and those experiences tended to be negative, had elected to make only minor changes. In both instances making only minor changes meant minimal involvement with, and agreement by, other agencies.

Lead Agency. During, and immediately following, the passage of Part H of the IDEA, a debate raged as to which agency was the "best" or "most appropriate" to serve as the lead agency for the early intervention service system. The types of agencies designated as the lead agency for Part H of the IDEA varied across case study states. There were two states for which there was a formal interagency entity or unit, which was designated as the lead agency. There were two states in which one of the traditional state agencies had been designated as the lead agency. One of these was in Health and the other was Education. The Governor in one of the case study states had designated the Division of Mental Retardation within a large umbrella agency (i.e., Human Resources) as the lead agency. The lead agency in the final state was located in

the Governor's office, although this designation changed during the course of the case study.

Results of these case studies indicated that the **type** of lead agency appeared to have little influence on the amount of service system change selected by policymakers. There was one exception, and that was for the two states that had a formal interagency entity or unit designated as the lead agency. Both of these states were intending to make moderate changes in their early intervention service systems. Evidently, the existence of a formal interagency structure, in combination with their experience in service coordination, indicated to policymakers that moderate changes were needed in early intervention.

While the actual **type** of lead agency appeared to make little difference, the **nature** of that agency did appear to be influential. In states intending to make moderate and major systems changes, the lead agency was located in an agency that was open to, and had some positive experience with, change and innovation. In addition, in 3 out of 4 of these states, the individual providing the primary leadership for Part H possessed the critical leadership skills necessary to promote and manage systems change.

Another area related to lead agency that seemed to be influential was whether the Governor decided to **change the designated lead agency**. In one of the case study states such a change was made. The Governor originally designated his office as the lead agency. At that time, policymakers decided that major changes were needed if a coordinated system of services was to be developed. After approximately a year and a half, the Governor then decided to move the Part H program out of his office and assign it to one of the traditional state agencies, and so designated the Department of Education as the new lead agency. This change significantly disrupted the vision for early intervention, as well as the progress toward developing a coordinated early intervention system.

Once the Governor re-designated his office as the lead agency and appointed a respected and experienced person as the Director of Children's programs, progress related to the development of a coordinated service system ensued.

Political Climate and Support. The nature of the political climate and the amount of political support for services to children with disabilities seemed to be critical. Not surprisingly, in those states intending to make moderate to major systems changes, there was a moderate to extremely good political climate regarding services to young children with disabilities. However, a poor political climate existed in both of the states originally intending to make minor changes in the delivery of early intervention services. Findings were similar with regard to support from key policymakers.

The 2 states that intended to make major changes in their early intervention service system had strong support from the Governor's office. In addition, there was an openness on the part of the state to make major modifications in services for other populations of children as well. Hence, the state Part H leaders sought to associate with these broader initiatives. For example, one of the case study states intending to make major systems changes was also selected as one of the three states to participate in the Casey Foundation initiative to reform the child welfare system. The other case study state intending to make major service system change was participating in a National Governor's Association project designed to assist states in re-organizing children's services. Therefore, these two case study states were receiving support from the Governor's office as they sought to make major changes that would affect the way multiple agencies were involved in service provision.

However, the 2 states that decided to make moderate changes in their service systems had established an interagency structure and approach to service provision before Part H of P.L. 99-457 was enacted. Interestingly, in both

of these states, the strong support that was necessary to make major changes in service delivery from a fragmented to a more coordinated service system was provided by key members of the state legislature.

Unfortunately, at the time of the case study, the 2 states intending to make only minor systems changes did not enjoy political support from the legislature or the Governor. One of the states intending to make minor changes had previously received strong support from the Legislature. However, a severe fiscal crisis resulted in major financial cuts to the early intervention program. The Part H programs in both of these states were not receiving strong support from the director of the lead agency either.

Combination of Contextual Factors. It appears that while single contextual factors (e.g., wealth, history of services, etc.) were of some importance, a combination of factors interacted to influence state policymakers' decision with regard to the amount of systems change they felt was needed, and even more importantly, feasible.

The 2 states intending to make **major changes** had: (1) a relatively stable financial base; (2) enough history of service provision for policymakers to know that major changes were needed in order to develop a coordinated intervention system; (3) a history of positive informal interagency service coordination endeavors; and (4) an excellent political climate for children's initiatives, including wide support for Part H among agencies and constituencies, as well as strong support from the Governor's office.

The 2 states selecting to make **moderate changes** had: (1) a strong history of service provision; (2) a strong history of formal interagency coordination, but more importantly they also had a formal interagency structure, mechanisms and policies upon which to build. As a result of this rich service history, both of these states enjoyed support from the legislature.

The policymakers in the 2 states that initially intended to make **minor changes** in their early intervention system apparently made this decision based upon different sets of contextual factors in each state. One of these states (State #6) had a long history of service provision. Policymakers and early interventionists were extremely proud of their approach to service provision, and thus, thought little needed to be changed. The other state (State #5), on the other hand, had a very minimal history of service provision. The political climate with regard to children, in general, was poor. Hence, state Part H policymakers decided to use the existing service delivery structure, since they felt only minimal and incremental changes were feasible.

Contextual Factors Related to Altering the Level of Intended Change. Between year 1 and year 2 of the case study, state policymakers in one of the states (State #5) made a decision to increase the types and amount of changes they wanted to make in their early intervention service system. A combination of several contextual factors appears to be associated with this alteration. These factors include: (1) hiring a new Part H Coordinator with a positive attitude toward interagency coordination, a vision of the possibility of a comprehensive coordinated service system, and long term knowledge of service delivery in the state; (2) a new ICC chair who attempted to work cooperatively with the lead agency; (3) a climate outside of Part H that had acknowledged the importance of children's issues; and (4) re-structuring the lead agency to focus more clearly on children's issues, which brought more visibility to Part H and support from agency decision-makers.

Significant Events. In each of the case study states there were significant events that occurred outside the control of Part H leaders. However, these events became part of the context within the state and had an influence on the activities of Part H. Some of these events had a positive influence, while

others had a more negative influence. The role of the Part H leadership in addressing these events seemed critical to the ultimate influence of such events upon Part H activities.

In one of the states (State #1) where policymakers were attempting to make major changes, there was a combination of both positive and negative events. There was tremendous opposition from the local administrators of the current early intervention programs. These individuals were very powerful and sought to de-rail the plans for major changes. They were comfortable with the "status quo" and their control over the system. Some of the strategies (discussed in the next section of this report) selected by policymakers were intended to both de-fuse, as well as gain the cooperation of these individuals. Other events in State #1 had a more positive influence upon the trajectory of Part H. The Governor's office created two major initiatives for children. In addition, the Governor made children a prominent part of his State of the State Address, and Part H was mentioned specifically. Also of major importance, professionals and advocates were able to obtain legislation for services to preschool children with disabilities, including the fiscal resources to support these programs. In addition, legislation was enacted to develop programs for preschool children who are at-risk of school failure. Finally, the Health Department underwent reorganization and hired an individual who was to coordinate the planning and policy development for children's programs.

Part H leadership in this state systematically considered and addressed all of these significant events and circumstances as they engaged in the development of a coordinated early intervention system. They consciously sought to affiliate with the broader children's initiatives and actively participated in the development of the legislation for both disabled and at-risk preschool children. They also developed a strong and positive working relationship with the new

individual hired by the Health Department. Part H leaders sought to quickly incorporate this individual as an integral member of the Part H core planning group. This is just a brief description of the types of significant events that had an influence in one of the states that had decided that major changes were needed. Table 8 presents a list of significant events for each state. Examination of the list across states and levels of change indicates that these happenings reflect five major types of events. These types of events include: (1) changes in key personnel by election or hiring (e.g., gubernatorial elections, new Medicaid or MCH leaders, new ICC chair, the departure of an obstructionist); (2) events in which opposition was encountered (e.g., opposition from local administrators, providers contemplating joining a union); (3) agency reorganization (e.g., reorganize Lead Agency or MCH department, moving the location of the Lead Agency); (4) Gubernatorial and legislative initiatives (e.g., State of the State Address, passage of preschool legislation, Sunset commission hearings on related programs); and (5) fiscal events (e.g., state fiscal crisis).

What Is the Relationship Between The Intended Level of Systems Change And Strategies Used To Achieve That Change?

We were interested to determine, once state policymakers had decided how much change they were going to attempt to make in their early intervention service system, which strategies they would utilize in order to achieve the changes they desired. Analysis of interview data and policy documents revealed

Table 8

SIGNIFICANT EVENTS/HAPPENINGS

Level of Change	State	Events
Major	1	Opposition of Local Administrators Creation of a Major Preschool Initiative out of Governor's Office Governor's State of the State Address Child Policy Academy Re-organizing Maternal and Child Health Department Passage of Preschool legislation Development of Program for At-Risk Preschoolers
Major	2	Governor changing Lead Agency from his office to Education Governor changing Lead Agency back to his office Hiring of a new full-time, Part H staff person in the Health Department Governor's selection of Director for Children's programs
Moderate	3	Opposition from Local Coordinators Governor's Task Force on re-organization of state government regarding children Legislature Task Force on re-organization of state government regarding children Providers contemplating forming/joining a union New Medicaid person Financial Crisis in State New MCH Director
Moderate	4	Sunset commission hearings on related programs Elections upcoming - Governor and Lt Governor Departure of fiscal person in Health Department that was an obstructionist New Medicaid person Coming out of a financial crisis
Moderate (Year 1) Minor (Year 2)	5	Re-organization of Lead Agency Formation of an active Families Advocacy Group Gubernatorial elections New ICC Chair
Minor	6	Fiscal crisis in state made worse by concealment of poor finances by Govenor in election year New Director of MCH

that state policymakers were utilizing eight different types of strategies. These strategies were described in the conceptual framework section of this report and include: (1) use of expert knowledge; (2) research, experimental implementation and demonstration; (3) meetings and conferences; (4) use of informal relationships; (5) use of existing structures and mechanisms; (6) creation of new structures and mechanisms; (7) special use of staff; and (8) strategies used by outside players.

Analysis revealed that indeed there were relationships between the amount of intended systems change and the strategies utilized to achieve the changes. Relationships included: (1) number of strategies used; (2) types of strategies used; (3) tasks; and (4) time frame. Each will be described briefly.

Number of Strategies Used. The greater the amount of intended systems change, the greater the number of strategies used. States attempting to make major changes used an average of 44 different individual strategies. States attempting to make moderate changes used an average of 28 different strategies; while those intending to make minor changes used nine strategies. Between years 1 and 2 of the case study, policymakers in one of the states (State #5) altered the amount of change they intended to make. When policymakers switched from intending to make only minor changes, to attempting to make moderate changes, the number of strategies utilized increased from 9 to 17. Table 9 demonstrates the number of strategies used by each state for years one and two.

It appears that if policymakers want to make substantial changes in the way services are provided, a tremendous amount of effort and activity must be undertaken. Part H leadership, then, must be both willing and able to manage a

Table 9
Frequency of Total Number of Strategies Used by State

Frequency of Total Number of Strategies Used by State
Year 1

	State 1	State 2	State 3	State 4	State 5	State 6
Level of Change	Major	Major	Moderate	Moderate	Minor	Minor
Number of Strategies	17	14	14	9	9	8

Frequency of Total Number of Strategies Used by State
Year 2

	State 1	State 2	State 3	State 4	State 5	State 6
Level of Change	Major	Major	Moderate	Moderate	Moderate	Minor
Number of Strategies from Year 1	14	13	10	7	5	**
New Strategies	11	19	10	6	12	**
Total # Strategies	25	32	20	13	17	**

** Data for Year 2 not available.

wide spectrum of simultaneous activities.

A comparison of level of activity between years one and two revealed that states, regardless of level of change, engaged in many more strategies in the second year of the case study as compared to the first, as evidenced in Table 9.

Types of Strategies Used. Three of the states made use of all eight types of strategies. One additional state used seven out of eight strategy types. Another used six out of eight strategies. It was interesting to note that state policymakers in both of these states did not utilize the use of experts. The remaining state used only four out of eight strategies.

There was no clear relationship between the level of intended system change and the major types of strategies used. However, there appears to be a more exerted effort expended on the development of new structures and mechanisms in those states intending to make major systems change than in those states attempting to make moderate and minor changes. Table 10 presents the number of strategies used by each state for each of the eight major types of strategies. Figure 2 depicts the relative use of each type of strategy by level of changes while Figure 3 shows the relative investment in each type of strategy by state. Note that states two, four, and six did not utilize all types of strategies.

Task. As described in the conceptual framework section of this paper, the strategies used to change the early intervention service system also can be described with respect to the major tasks that they are designed to address. These three tasks include: (1) building the vision and developing the policies for the desired system of services; (2) obtaining support and official sanction for the vision of the service system, as well as the policies; and (3) operationalizing the vision by putting the policies into effect.

Table 10

Frequency of Types of Strategies Used by State

	State 1	State 2	State 3	State 4	State 5	State 6
Expert Knowledge	3	0	4	0	4	1
Research, Exp. Imp. & Demo	5	6	3	2	2	0
Meetings & Conferences	5	4	3	1	1	1
Use of Informal Relationships	4	6	4	3	1	0
Use of Existing Mechanisms	2	1	3	8	3	6
Creation of New Mechanisms	7	10	6	0	6	0
Special Use of Staff	1	3	3	3	1	1
Outside Strategies	3	1	2	1	5	0
	Major	Major	Moderate	Moderate	Yr 2: Moderate Yr 1: Minor	Minor

Figure 2

Use of Types of Strategies by Intended State Level of Change

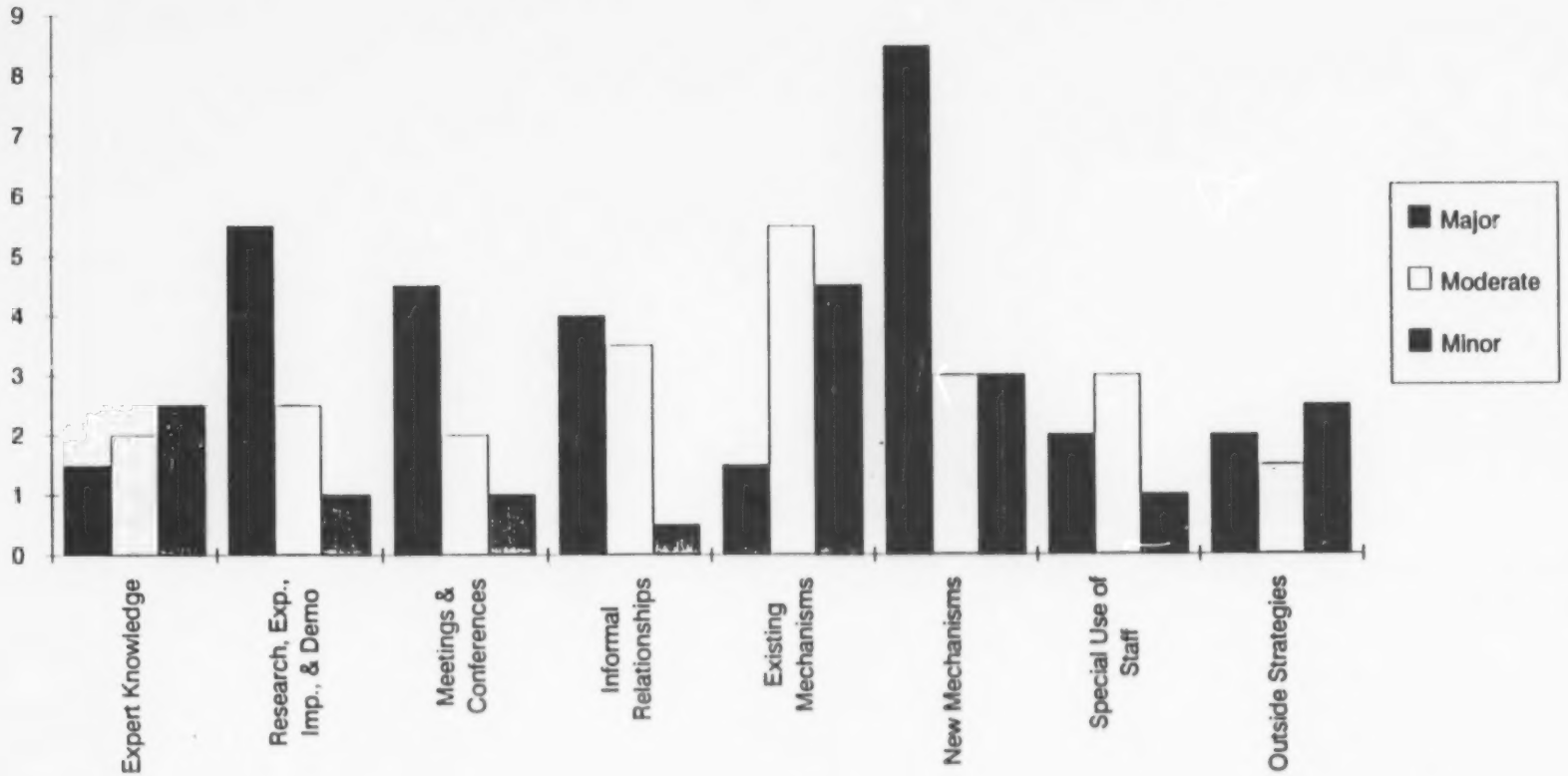


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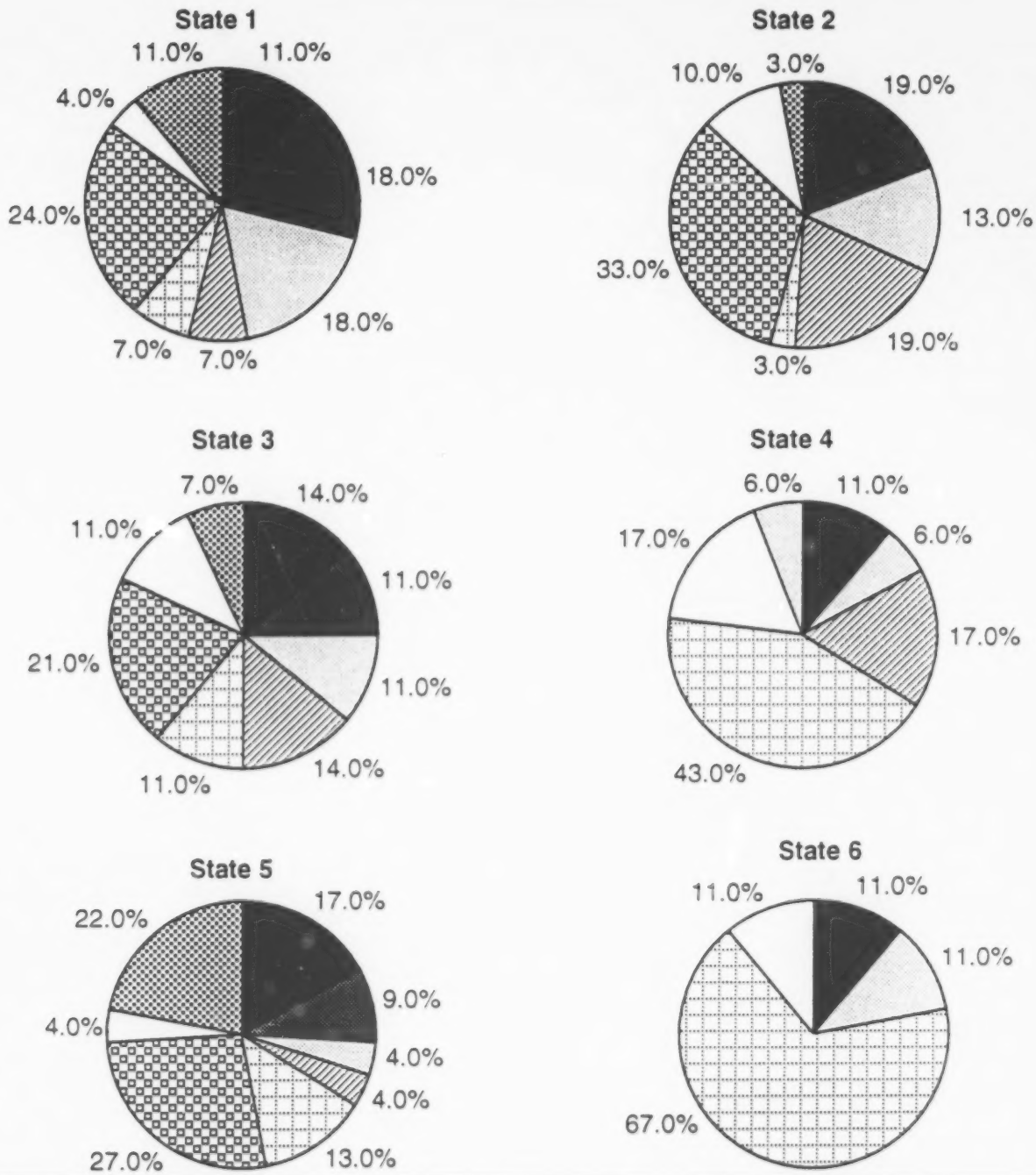
Figure 3: Relative Use of Eight Strategy Types by State



Data analysis revealed that at the time of the case study many of the strategies selected by states were used for the first task listed above: to build the vision and develop the policies. Often times in some states, however, strategies were used to accomplish multiple purposes. For example, an expert could be employed to conduct a finance study. The results of the study would be used by state policymakers to help build a vision for how services would be funded (task #1). The fact that it was a systematic study, conducted by a respected individual or firm, would also be useful in obtaining the support of legislators (task #2).

In a very few instances, at the time of the case study there were strategies that were selected primarily for obtaining support and official approval of the vision, as well as the policies. For example, policymakers in one state met formally with some powerful opponents of the new plan for early intervention. This meeting was designed to provide information related to targeted areas of concern, thus allaying the fears of the opponents and obtaining their agreement to support the plan.

Purpose of Strategies Used in Addressing the Tasks. Examination of change strategies across states suggested that states used these strategies to achieve one of a number of purposes as they strove to address the tasks of (1) building the vision, (2) obtaining official support and sanction, and (3) operationalizing the vision. Again, a number of strategies served multiple purposes.

In order to build the vision, states employed strategies that functioned to enhance: (a) coordination, (b) education, (c) leadership, and (d) development. Coordination refers to efforts to develop interagency relationships, cooperation, and coordination. These strategies included such things as using staff as liaisons to other offices and agencies, selection of ICC members, interagency conferences, developing informal relationships, and using management teams

and consultants. Education refers to the use of conferences, inservices, training and newsletters to inform administrators, legislators, providers, and consumers. Leadership refers to the activities of the Part H and state leaders to guide the process including such things as hiring, leadership team activities, designation of location of agencies, and meeting with state executives. Finally, development describes the strategies used by states to develop the service system infrastructure, enhance current structures, design and implement policy, create new fiscal organization and technical support activity, and conduct research to guide policy implementation efforts.

States appeared to have three purposes in gaining support and official sanction for Part H. Those included gaining support from (a) political leaders, (b) providers, and (c) consumers. Various strategies were used to attempt to gain political support. Some of these strategies included: (i) leaders met with opposition, (ii) staff used relationships between the staff and the Governor's office, (iii) hiring techniques to quell opposition, (iv) First Lady on the ICC, and (v) use of consultants. In order to build provider support, providers were included as members on committees, received updated newsletters, and were invited to relevant conferences. Similarly, consumers were included through conferences, committee representation, formation of advocacy groups, training seminars, and the development of support networks.

At this stage in the states' development of early childhood intervention initiatives, few strategies addressed the operationalization of the vision. The frequency of strategies used by each state is shown in Table 11.

Timeframe. For the most part, state policymakers tended to use the same strategies in year 2 that they had used in year 1. In addition, all case

Table 11
Frequency of Change Strategies by Purpose and State

Build the Vision & Develop the Policies for the Desired System of Service

	State 1	State 2	State 3	State 4	State 5	State 6
	Major	Major	Moderate	Moderate	Minor	Minor
Coordination	7	2	5	5	3	2
Education	2	1	1	1	1	0
Leadership	1	4	3	1	0	0
Development	4	3	3	1	6	3

Obtain Support & Official Sanction for the vision of the Service System & Policies

	State 1	State 2	State 3	State 4	State 5	State 6
	Major	Major	Moderate	Moderate	Minor	Minor
Political	9	5	4	4	0	0
Providers	3	1	2	3	0	0
Consumers	3	1	1	1	0	0

Year 2

Build the Vision and Develop the Policies for the Desired System of Service

	State 1	State 2	State 3	State 4	State 5	State 6
	Major	Major	Moderate	Moderate	Moderate	Minor
Coordination	6	11	6	6	5	no data
Education	3	3	1	1	0	no data
Leadership	2	5	3	1	0	no data
Development	10	12	8	3	8	no data

Obtain support & Official Sanction for the vision of the Service System & Policies

	State 1	State 2	State 3	State 4	State 5	State 6
	Major	Major	Moderate	Moderate	Moderate	Minor
Political	8	9	4	6	8	no data
Providers	1	1	2	2	0	no data
Consumers	3	3	2	1	0	no data

study states visited in year 2 (5 states) had added new strategies as well. There was no clear relationship between the level of intended change and the use of particular types of strategies over time.

Are There Interrelationships Among the Amount of Intended Systems Change, the State Contextual Factors, and the Strategies Used?

Each of the previous sections has examined the relationship between the amount of intended systems change and one other variable. One section addressed the relationship between the amount of intended systems change and the state contextual factors. The other section addressed the relationship between the level of intended change and the strategies used to achieve those changes. Each of these sections regarding relationships related to change provided useful information, but each told only part of the story. In order to tell a "fuller story" of how states approached the development of a service system, all three aspects must be examined together: (1) level of change; (2) contextual factors in which change is expected to take place; and (3) the strategies selected, based upon the contextual factors and the desired level of change. The findings related to these relationships are presented below.

Major Change. While there were certainly some differences in the contextual factors of the two states (States #1 and #2) in which Part H policymakers had decided to attempt major system changes in early intervention, there were some contextual factors which were shared. It appears that if policymakers and advocates desire to make substantial changes in the way services are provided, a relatively stable financial base is essential. While the size and nature of the financial base differed, it was at least relatively stable. Both of these states had some history of service provision to vulnerable and disabled infants, toddlers and their families. It was this experience with the

existing service system that led Part H leadership to see the gap between "what was" and "what should be." The size of the "gap" led Part H leaders to decide that major changes were needed, if early intervention was going to meet the intent of the federal legislation, as well as reflect state-of-the-art knowledge concerning quality intervention for young children and their families.

In these two case study states, leaders recognized that early intervention needed to be changed from several "autonomous" systems to a single system that was "coordinated" across agencies and sectors. Both of these states had previous successful initiatives related to the coordination of services. Several individuals across agencies knew one another and had worked to coordinate some aspect of intervention prior to the passage of Part H. Therefore, Part H leaders had this rich informal history, including the positive working relationships upon which to build. In addition, the lead agency in both of these states was open to change and innovation. Several of the state agencies in both of these states had been recognized as national leaders in the provision of services. Part H leaders possessed the skills necessary to initiate and manage change. The lead agency director in both states was widely respected beyond the boundaries of his or her agency. Part H leaders also skillfully included a wide array of relevant constituencies and possessed characteristics which encouraged trust, and thus were able to build bridges across traditionally isolated agencies and groups of individuals.

Finally, the Governors in both of these states were supportive of children's programs. These individuals saw children as a major "natural" state resource to be valued and cared for. This helped set the stage for the wide spread support for Part H among key agency decision-makers. In addition, other constituencies within the state also acknowledged the importance of early intervention and sought quality programs for young children and their families.

In summary, both states possessed a relatively stable economy and a positive political climate, in addition to a moderate to substantial service history, and previous positive informal interagency coordination endeavors. Part H leadership also was competent and skillful at creating and managing change. These contextual factors taken together created a context that was favorable for attempting to make major changes in the states' early intervention service systems.

While each of these two states had a unique approach to implementing this legislation, there were some similarities related to the strategies selected and used in order to try to achieve the desired amount of systems change. First, despite the fact that the size of the Part H staff varied considerably between these two states, they both used a large number of strategies, as well as all, or almost all of the eight types of strategies. In both of these states, there was a frequent conduct of meetings and conferences to increase awareness and gain support. These meetings ranged from small meetings targeted at a small group of key individuals to large conferences for parents, professionals or both. Both states also made substantial use of various strategies and activities that were designed to create new models, while providing information that was critical for policy development and implementation. This included the use of task forces, pilots, existing exemplary programs, and the conduct of various studies on specific topics (e.g., finance, defining the at-risk population, etc.).

Both of the states intending to make major changes expended substantial efforts to create new, formal, multi-leveled interagency structures, mechanisms, and processes to facilitate coordinated planning and policy development across agencies. Examples from both states include: (1) the creation of a meaningfully involved state level ICC; (2) creation of local ICCs; (3) the development of a family support network; (4) the use of a director-level policy council; (5) an

interagency request for proposals (RFP) submission and review process; (6) a multi-level structure that includes Cabinet level, program director level, program staff, and local directors in a coordinated approach to policy development; (7) a mechanism to get input and support from County Commissioners or Administrators.

Finally, the Part H leadership skillfully used, and built upon, the existence of many rich and substantial informal relationships. These relationships were carefully formed into a network that included all relevant constituencies. Informal relationships were used to discuss plans and options before such plans were presented formally. These informal discussions, among people who trusted one another, facilitated the crucial process of gaining consensus during the development of the vision for the coordinated service system and its policies.

Moderate Change. There were several differences in the contextual factors of the two states (States #3 and #4) that initially intended to make moderate amounts of changes in their early intervention systems. However, there were also some important similarities. These two case study states not only had a substantial history of service provision, more importantly, they had a history of interagency service coordination. These 2 states had developed formal, multi-leveled policy development structures and mechanisms prior to the passage of Part H of IDEA. The state legislature had been instrumental in the development of these interagency structures and systems of services. Early intervention continued to receive instrumental support from the legislature, as well as from various key agency decision-makers. Since these two states had developed an interagency system of services prior to the passage of Part H, state policymakers decided that only moderate changes were needed to meet both the spirit and letter of the federal law. Furthermore, legislators, providers, and consumers were proud of the existing service systems in both states and

indicated that it would have been extremely difficult to convince everyone concerned that major changes were needed. In fact, state Part H leaders found it difficult, at times, to convince various constituencies that any changes were needed at all.

While each of these states had a unique approach to implementing Part H of the IDEA, there were some similarities related to the strategies selected and used in order to try to achieve the desired amount of systems change. First, policymakers in both of these states relied heavily on the existing multi-leveled structures for coordinating services and policy development.

In one of the states intending to make moderate systems change (State #3), there was a large group (council) that was officially designated to develop early intervention policy. This group existed prior to the passage of Part H and was designated by the Governor as the state's ICC. Therefore, the ICC in State #3 was not an advisory group, but had been given policymaking authority. In addition, State #3 had in existence several groups within state government that met to coordinate children's policy. These three groups were: (1) the commissioners of the major state agencies (e.g., education, health, etc.); (2) the Deputy commissioners; and (3) the Directors of several children's programs (e.g., Directors of Special Education, Maternal and Child Health, Developmental Disabilities, etc.). Lastly, there were local coordinating councils that were responsible for the development of policy and the coordination of services at the local level.

The other state that intended to make moderate systems changes (state #4), also had a multi-leveled policymaking structure. However, this structure differed considerably from state #3. First, the interagency council designated with policymaking or rulemaking responsibility is small, consisting of only five members - four representing agencies and 1 parent representative. There is an

ICC which serves in an advisory capacity to the Policy Council and the ICC. In addition, local program directors from each region elect an individual to represent them on the Directors Forum, which is a group that assists in the development of policies and procedures that are presented to the Policy Council. This group provides an important link between the policymakers and the policy implementers.

Second, despite the fact that the size of the Part H staff varied considerably between these two states, they both were using staff to serve as liaisons between Part H and the relevant state agencies. These staff members also were actively involved in providing technical assistance to local programs. In addition, the Part H staff in both of these states (#3 and #4) was composed of individuals with diverse skills. Not only were there individuals with interdisciplinary backgrounds (e.g., health, special education, developmental disabilities, psychology, etc.), but there were individuals with finance and data management expertise as well. Since the staff for state #3 was small, sometimes these latter types of individuals were hired on a consultant basis.

Finally, both states #3 and #4 were using and profiting from the informal relationships that had developed over time, as individuals had worked together prior to the passage of Part H. The Part H Coordinator in both states had developed positive relationships with key and influential people within the state government. In addition, in State #3 there were positive informal relationships and communication among the Directors of state programs (e.g., Special Education, Developmental Disabilities, Mental Health, etc.) and among the ICC members.

It was interesting to note that while these 2 states intending to make moderate changes made some use of expert knowledge, research and experimental demonstration, it was to a much lesser extent than the two states

(#1 and #2) that intended to make more major changes in their early intervention service systems. Perhaps States #3 and #4 made less use of these knowledge development strategies because policymakers felt that there was less need for such strategies, since they wanted to leave their existing structures intact.

Minor Change. There were certainly many differences in the contextual factors of the two states (#5 and #6) in which policymakers initially intended to make only minor changes in their early intervention service systems. However, there were some important contextual factors that were shared by these two states. First, both of these states in the first year of the case study were experiencing a poor political climate. Although it was for different reasons, each state did not have a climate in which the development of new programs for children were being considered. In addition, one of the states (State #6) was going through a major financial crisis, while the other state was considered as moderately poor in state resources and had never chosen children's programs as a major priority for state expenditures historically. Finally, both of these states had fairly negative previous experiences in the area of coordinating services for infants and toddlers with disabilities.

The two states (States #1 and #2) intending to make major changes in their early intervention service systems decided to do so for similar reasons. State policymakers felt that the current system was not comprehensive, not coordinated, and not based upon best practice. Similarly the two states (States #3 and #4) intending to make moderate changes also had similar reasons for their decisions. State policymakers believed that their interagency approach to service provision met the requirements of the federal legislation. Therefore, they concluded that while they would need to make some changes to be in compliance, those changes would not need to be major.

On the other hand, state policymakers in the two states (States #5 and #6) initially intending to make minor changes in their early intervention service systems were guided to do so for very different reasons. Policymakers in one of the states (State #5) felt that only minor changes were possible given the resources and climate. Policymakers in the other states (State #6) felt that only minor changes were needed. Therefore, many of the strategies that policymakers in the two states chose were quite different. However, there were some similarities in the strategies that were selected.

First, both of these states elected to utilize the existing service structure, as well as other existing mechanisms and structures. Secondly, when coordination was needed, policymakers in the lead agency in both states (States #5 and #6) approached each agency separately and negotiated individual agreements with each agency. Finally, the role of the ICC was to react to plans and policies developed by the lead agency. As can be seen, unlike the other four states, the locus of control for planning and policy development resided primarily within the lead agency.

Altered Level of Change. As previously mentioned in this report, policymakers in State #5 between years 1 and 2 of the case study decided to increase the level of change that they wanted to make in their early intervention service system. There were several contextual factors that appeared to play a role in this decision to increase the amount of desired system change from minor to moderate.

First, there was a greater awareness in the state regarding the importance of Part H as evidenced by the "on-record" support by all of the Gubernatorial candidates for services to infants and toddlers with disabilities . Second, there was an improved climate within the lead agency with regard to children's issues. The Commissioner of Human Resources decided to re-organize the agency,

creating a children's division, with a Deputy Commissioner given the responsibility to over-see these various programs. The new Deputy Commissioner saw Part H as a vehicle to accomplish many of the agency's new goals for children. Finally, a new Part H Coordinator was hired, who not only was knowledgeable about services within the state, but possessed a wider intra and interagency vision of service provision. Her previous employment with a national technical assistance program introduced her to a wide array of resources, options and possibilities. She brought this knowledge to the development of the new early intervention system and saw possibilities that others had not seen previously.

The change that occurred in the vision of the early intervention system and the changes in context also resulted in some changes in the number and types of strategies that were used by State #5. First, the number of strategies used increased from nine in year 1 to 17 in year 2. In addition, in year 2 as a result of altering the level of intended systems change, state #5 used a broader variety of strategies as well, increasing their activities in knowledge development (i.e., use of expert knowledge and use of research, experimental implementation and demonstration), communication (i.e., meetings, conferences, and use of informal relationships), the creation of new interagency structures and mechanisms, and finally, strategies used by outside players.

It was this last category - strategies used by outside players - that contributed significantly to a more positive context related to children in general, and Part H in particular. In this category of strategies, a coalition of parents and professionals had advocated for change. They lobbied Part H leadership to make more substantial changes in the system of early intervention. They encouraged the Lead Agency to make a greater commitment to children and to Part H. They also sought, and obtained, the support of all Gubernatorial candidates with regard to Part H. Their numerous activities brought more visibility to, as well as wider

acceptance of, the importance of Part H. Their activities greatly influenced the changes that occurred in the context within state #5.

It appears that the combination of the strategies used by Part H leadership, as well as the outside coalition, was responsible for creating a climate that was more conducive to increased changes in service delivery. Simultaneously, the climate made it more possible for the wider use of strategies. The wider use of strategies, in a more positive climate, resulted in progress toward increasing the changes made in early intervention in State #5.

CASE STUDY DISCUSSION

The results presented in the previous section have documented the case study findings from the six states involved in this study. (In some instances the data were drawn from only five of the six states). This section will focus upon those forces that appeared to have major influence on the shape and timing of the policy development and policy approval stages of the implementation of Part H of IDEA. These forces included two major influences: the people that were involved and the socio-political environment in which the actions were played out.

The People

In each state, significant individuals and groups of individuals put their particular stamp upon this developing program. The search for larger societal factors as an influence is a legitimate one, but we cannot ignore the personality, the character, or the charisma of the key players in each state.

The Role of Leadership

Of the multitude of factors that appeared to be linked to progress in implementing the complex law that is Part H of IDEA, individuals who provided

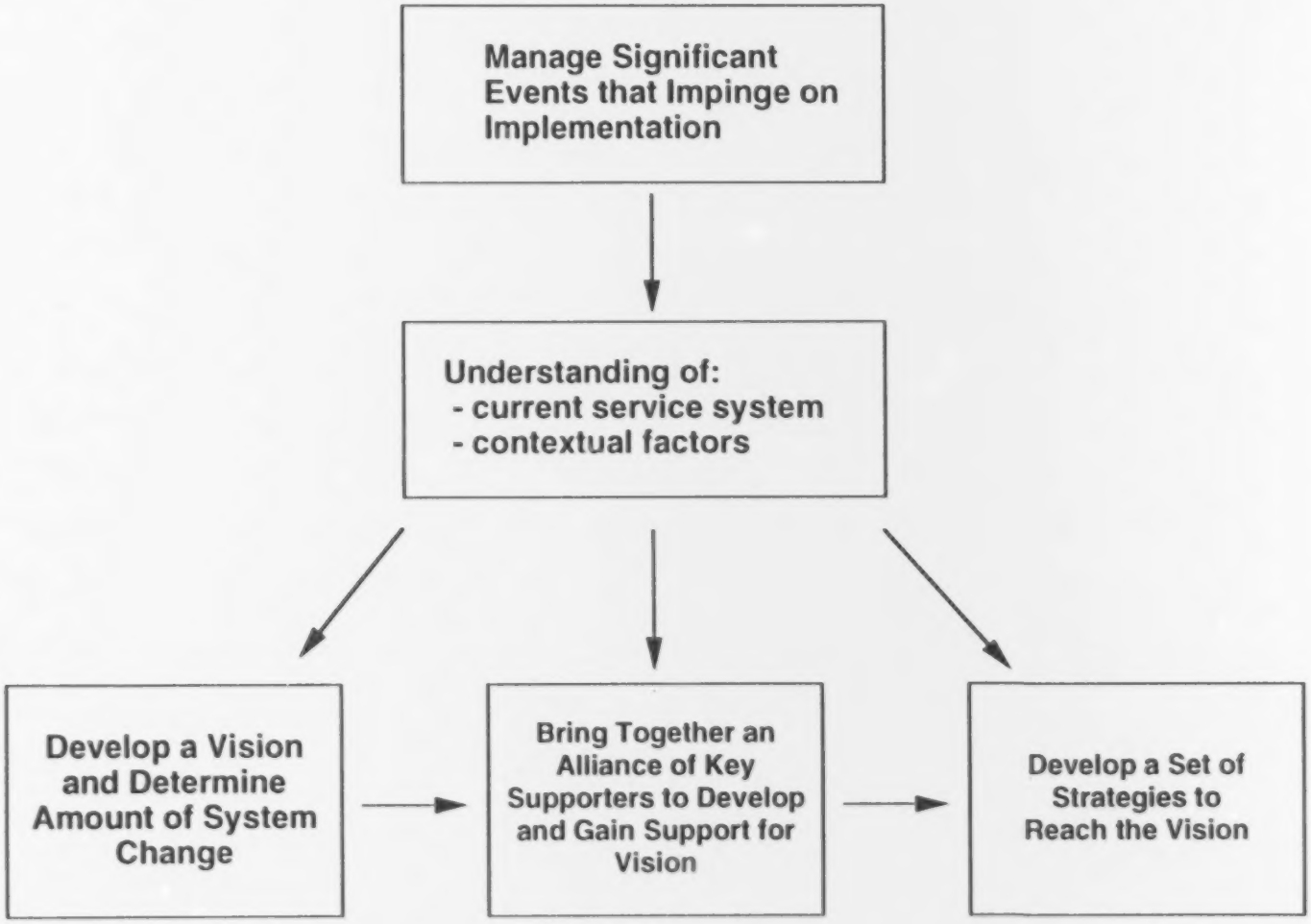
"leadership" appeared to play a clearly significant role in such progress. As described in the Background section of this paper, the nature and quality of leadership appears to be related to systems change (Bennis, 1990). However, this leadership appeared to take a particular form that is of interest. The leadership that appeared to be effective did not take the form of a single dynamic, charismatic leader whose sheer brilliance and force of character carried all before him/her. Nor was the leadership manifested in a particularly authoritarian style, using power and authority to bend others to his/her will.

Figure 4 provides a schematic for the elements of leadership. First, the leader(s) needed a clear understanding of the current situation in terms of service delivery and important forces at work that influence those patterns. That is, the successful leaders understood the structure of the early intervention services prior to Part H and the contextual factors which influenced it. Using that as a base, there was the development of a vision of what the new service system should look like, the bringing together an alliance of key supporters, and the development of a set of strategies to move from the present circumstances to the future goal.

Finally, once the vision and strategies had been conceived, the successful leader was able to manage a sequence of events leading to implementation and to deflect other inhibiting factors (e.g., fiscal crises, changes in state leadership, etc.). These successful leaders exhibited the qualities of Bennis' (1990) "true leaders" as described in the Background section of this paper.

Figure 4

Role of Leadership


Manage Significant Events that Impinge on Implementation
Understanding of:
- current service system
- contextual factors
Develop a Vision and Determine Amount of System Change
Bring Together an Alliance of Key Supporters to Develop and Gain Support for Vision
Develop a Set of Strategies to Reach the Vision

One way of characterizing the leadership model that seemed to work is democratic or participation leadership. Such leadership called for the involvement of people having various interests with the goal of building acceptance of the proposed policies. Such groups not only accepted the policies, they played a significant role in shaping the evolving policies. These results support the supposition that the roles of the "stakeholders" and "street level bureaucrats" are crucial for planned change and policy implementation (Rogers & Shoemaker, 1971; Lipsky, 1980) as discussed in the Background section.

The Significance of a Vision

The vision of a comprehensive service system did not appear full-blown from the brow of a dominant leader, but rather emerged bit by bit, decision by decision, as each issue was considered in turn. The leader's role was to create an environment that was conducive to the evolution of the vision. There were three major parts to the vision of an early intervention system: (1) what the design of the comprehensive, coordinated system of services should be; (2) how the state could get from its current status to that new system; and (3) how the state could find the resources to support such a transition and the new system.

This inductive building of the vision appeared similar, in many ways, to the "theory in action" concept of Argyris and Schoen (1980). Just as parents can reveal a theory of child rearing through their interactions with their children, policy makers can reveal their own philosophy concerning the government's role in providing services, through the successive decisions that they make. Similarly, the various decisions made by the lead agency, ICC task forces, and the Part H Coordinator and staff on various issues (e.g., family empowerment, multidisciplinary interagency cooperation, financial support, system entry, etc.) have helped to build a vision of a state structure, complete with underlying values

and assumptions, that could be supported by a wide variety of professional and political allies.

The important part of the leader's role was to orchestrate and manage a series of actions and events that, taken together, built a vision that gained the needed consensus among professionals, political decision makers, and the interested public. The need to define, and then work constructively toward, common goals -- even with persons from different disciplines holding different agendas -- made persuasion and negotiation (rather than power) the key skills of leaders in this situation. Even so, the leaders had to be high enough in the policy hierarchy within state government and visible enough in the state to have their thoughts receive appropriate consideration. Again, these findings are consistent with the themes reported in the literature and summarized in the Background section of this paper, that suggest communication, idea diffusion, developing support, and administrative style are all useful constructs and important in the process of planned change (Rogers & Shoemaker, 1971;
Van Horn and Van Meter, 1977; Bullock 1980; Rosenbaum, 1980; Williams, 1980; McLaughlin, 1982).

Another important aspect of the leadership role appeared to be a strong appearance of confidence that problems could be solved, that obstacles would be overcome, and that the final prize would be worth the sacrifice of time, energy, and resources necessary to bring the needed changes about. It is hard to overestimate the importance of convincing many different people that this goal was important and reachable.

Key Players and Differing Stages of Implementation

The interaction of two factors - key players and the stage of policy implementation was quite apparent. Table 12 provides a summary of some of the important players at various points of the implementation process. In order to progress in a timely fashion and to make moderate and major changes, it was necessary to obtain the active support and participation of some (but not necessarily all) of the people and the constituencies they represented.

In these case studies of diverse states, the important players did not necessarily remain the same across stages of implementation (e.g., from policy development to policy approval). Of course, there was a core group of people who were deeply involved in all three phases.

In the policy development phase, it appeared that some combination of key individuals from the lead agency, the Part H Coordinator, and representatives of other agencies played key roles in building the vision. In some states, members of the ICC were also instrumental. These individuals helped build this vision through their work on various task groups that conceptualized the early intervention system and the policies to guide it. In two of the states, the Governors created favorable political climates which allowed the visions of the Part H leaders to be more easily accepted.

When states wanted to gain policy approval for the newly developed Part H policies, a somewhat different set of characters often emerged to play a role in the official sanctioning of these policies (See Table 12). Those individuals with "gatekeeper" responsibilities for acceptance of new policies or programs -- the Governor of the state with a staff controlling the executive branch of state government, and the Legislature controlling the financial support and necessary

Table 12

PERSONS INFLUENCING POLICY IMPLEMENTATION

Policy Development	Lead Agency Part H Coordinator Interagency Coordinating Council	Influential Professionals Local Service Providers Professional Organizations Parents and Advocate Groups
Policy Approval	Governor Legislature	{ Local Administrators Lead Agency Public Advocates Interagency Coordinating Council
Policy Application	Local Coordinators Professional Organizations Influential Professionals State Agency-Local Agency Relationships	Public Advocates Local Service Providers Local Administrators

additional legislation for the program -- became very important players.

These key players in policy approval, Governor and Legislature, were influenced by the activities of public advocates and concerned professionals such as local administrators (who, in some states, began to see some sizable problems with the implementation of this law for themselves). In most (but not all) cases, the influence was positive. At this phase, the Part H policies had to go into competition with many other policies of current concern to state leaders. Some states were actively engaged in efforts such as trying to produce major reforms of their educational system or expanding their prison system. Such efforts sometimes took important attention and resources away from Part H.

The third stage, policy application, has just been entered into by the majority of states. We can anticipate (as seen in Table 12) that other players at the local level -- such as administrators and service providers -- will play an important role in shaping the final Part H policies as they are implemented at the local level. In accordance with those studies described in the Background section, these findings led further evidence to the assertion that key state personnel are crucial for the successful implementation of policy (Mitchell, 1981a, 1981b; Marshall et al, 1986; Campbell & Mazzoni, 1976; Wirt & Kirst, 1982; Auferheide, 1976). This study, however, further identifies the different roles the key players assume across the phases of policy implementation

In each of the phases of policy implementation -- development, approval, and application -- it seemed important that some key individuals were very proactive towards Part H in order for substantial progress toward change to take place. But it was not necessary that it be the same combination of individuals in each state. It was not necessary that all key players be actively positive, assuming that they were not an active inhibitor of the process. For example, it

was not necessary that both the Governor and Legislature be supportive, provided one of them was positive and the other was more or less neutral.

The Socio-Political Environment

No matter how competent the individuals were who were working on policy implementation of Part H, they were affected by the many socio-political factors around them and had to take those factors into account. For example, there may have been a prior bitter dispute between health and education departments, which had to be healed before agency cooperation could be obtained. Or perhaps the state had a long tradition of local control and influence that made state policy development a delicate matter. The social context had a clear influence on the decision-making in each of the states studied. One of the clearest influences was whether Part H was perceived as being the initiator of major change or minimal change.

Major Change vs. Minimal Change

Most of the states faced difficult economic conditions during this period (1988-90). In one state, the poor economic situation, combined with the weak existing early intervention program, convinced state policy makers to settle for minimal change from the status quo. This finding was predicted based on the research summarized in the Background section of the paper that identifies economic conditions as one influence on policy implementation (Edwards, 1980, Van Horn & Van Meter, 1977). But poor economic conditions were only one contributor to the decision making -- it did not dominate it. For this same state, there was a decision in the second year of the case study to move from minimal to moderate change while still in policy development because of a series of events:

- a strong position taken by a newly organized public advocacy group;
- the reorganization of a Human Resources Department to focus on children with Part H being seen as a key part of that reorganization;
- strong advocacy by the original Part H coordinator, who continued to have an influence though no longer in that official position;
- an improved political climate with new leadership in the state;
- a new Part H coordinator who was seen as a "bridge builder";
- an economy that did not grow worse during this time.

All of these factors seemed important in moving this state into a more assertive posture in terms of political climate and acceptance of Part H goals.

For those states in which policymakers decided to use the federal requirements of Part H as the vehicle for making significant changes in their service delivery patterns, there was a price to be paid for such a decision. That price was a certain amount of confusion, uncertainty, or even occasional chaos. When changes were made that modified the basic relationships and pattern of operation between or among programs, or that drastically changed the roles of professional personnel, or that suggested changes in established credentials and the content of training programs, there was some predictable resistance and concern as expected based on other similar studies (Gallagher et al., 1988).

If the changes were minimal, as they initially were in two of the case study states, there was much greater agreement among individuals about what the nature of the service system should be and how the implementation should take place. On the other hand, individuals in those states attempting to make major changes had the greatest disagreement over the specifics of the vision of the service system being considered.

The states in which policymakers were attempting to make moderate or major changes exemplified that old adage that "there are no gains without pains." States attempting to make major changes started out making slower progress in policy development than other states, but eventually caught up and were among those states making the most progress in the most recent assessment of state progress (Harbin, Gallagher, & Batista, 1992).

In the states attempting to make major changes, the leadership had determined that the pains would be worth the positive outcomes and accepted the inevitability of the bureaucratic and political hassles that came with the "systems change territory." For this very reason, it was critical to have political support -- or at least political neutrality -- from high-level decision-makers. Those states engaging in major changes also employed more strategies for achieving their goals than did states attempting to make minimal changes. These state policymakers employed a wide variety of specific strategies designed to achieve the significant changes that were deemed necessary. For example, they tended to seek out policy input from many sources to encourage support for the changes, relied more upon outside expert opinion to garner additional support to the changes, and employed experimental innovation and demonstration to show that the change could work in the practical world of service delivery.

These strategies were designed, in part, to build a necessary consensus related to the proposed changes and to illustrate the viability and importance of the new vision of early intervention. State leaders committed to making minimal changes felt less of a need to employ such strategies which, in their view, would merely "muddy the waters" with new and unwanted alternatives to the current system.

Significant Events Beyond Part H

Many of the influential events that took place in the six states were not directly connected with the Part H implementation, but did have a significant impact upon it. Federal regulations had established five years as the span of time for the states to put into place a comprehensive, multidisciplinary, interagency, coordinated service system. Within that time frame, several significant and predictable events would occur in the states during the implementation of this program, among them election of key state officials (Governor, Legislators). At some point in this period -- and it differed across states -- there was an election that either returned state leaders to office or replaced them with new ones. In a number of states, the same governor did not return to office and so, even if the same party returned to power, there would be a shakeup in the top leadership in key agencies in the state.

This change sometimes created a significant disjunction between the policy development and policy approval processes. New political leadership in some states had a different vision as to how the Part H program should be implemented. In other states, the new political leadership had no knowledge of the Part H program at all and had to be oriented and educated by Part H leaders. However, not all of the problems were the result of an actual change in leadership. Starting as long as a year before an election, there may be a type of "freeze" on key decision-making. Often, politicians are unwilling to make significant decisions when they, and their mentors, might soon be out of office and unable to follow up on such decisions. However, in one instance, advocacy groups extracted statements of support for Part H implementation from all of the gubernatorial candidates running for office and were ready for action regardless of which candidate actually won. In this way, they used the predictable events in the electoral system to their advantage.

In a five-year period of time, there is also another almost inevitable event -- reorganization of state government (or significant parts of it). This reshuffling or reorganization has been a standard way of trying to address the difficult problems associated with administering state (and federal) programs. In this case, three of the six states had major agency reorganizations during this period. In some cases, the reorganization turned out to be favorable to the interests of Part H supporters. This was, however, largely a happy coincidence rather than a planned result.

Over five years there were, predictably, significant personnel turnovers that had an impact on the implementation process. Agency heads left or were replaced; Part H Coordinators went on to other positions; key people left the state; etc. All of these personnel changes influenced the implementation process -- sometimes for the good and sometimes not, but always requiring additional time and readjustment on the part of new people inserted into the system. The lesson to be learned here is how fragile the fabric of the status of state bureaucracy and associated positions can be (Harbin & McNulty, 1990). There will be key personnel changes, like it or not, and any long-range planning should take such changes into account.

Part H is a relatively small program in terms of the number of citizens it directly impacts and in terms of the amount of resources expended upon it. We can also expect it to be influenced by larger trends. When some of the governors complained about the uncontrolled increase in Medicaid funds requiring state matching funds, it sent a chill through many persons involved with Part H, because Medicaid was one potential funding source being depended upon to provide significant support to implement this program.

In addition to largely predictable events, there were also a number of events that could not have been anticipated no matter how good the leader's

foresight might have been. In one state, the providers were contemplating the formation of a union, which would significantly change the relationship between state administrators and local providers. It is never possible to completely predict such events, so the timeline for implementation should be kept as flexible as possible. The timeline should allow for unexpected events and provide time to react to them. Indeed, one of the tests of leadership is the ability to adapt to these events.

CONCLUSION

The progress that has been made in policy implementation of Part H of IDEA in the face of many obstacles (and, in many instances, the lack of prior models for important program components such as interagency coordination or family empowerment) has been impressive. Whether the spirit of cooperation that is evident in these case study states will continue through the key phase of policy application remains to be seen. There are many problems still unresolved, not the least of which is how services will be financed. But in these diverse case study states, the policy base for a coordinated, interagency, multidisciplinary service system has been constructed. That is an encouraging development in an era where government too often seems not to work well for or incorporate the ideas of the public.

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